



**Australian Government**  
**Department of Health**

## **PMHC-MDS Documentation**

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As at 26 March, 2019

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# 1. User Guide

## 1.1. Passwords

As required by the Australian Government's Protective Security Policy Framework passwords have to be changed every 3 months. If you do not change your password it will expire and you will not be able to login to the system without resetting your password.

Passwords are to be:

- 13 or more characters with no complexity requirements, or
- a minimum of 10 characters with at least 3 of the following character sets
  - lowercase characters (a-z)
  - uppercase characters (A-Z)
  - digits (0-9)
  - punctuation and special characters
- changed at least every 90 days
- changed by users no more than once a day
- not reused from any of the preceding eight changes

Please note: Users will be reminded via an email sent from [support@strategicdata.com.au](mailto:support@strategicdata.com.au) 14 days prior to when their password is due to expire, and on PMHC MDS login 7 days prior to the password expiry. - See see [Password Expiry Notifications](#)

If a password expires the user will not be able to access the PMHC MDS until they reset their password - see [Forgotten or Expired Password](#).

### 1.1.1. Password Expiry Notifications

As required by the Australian Government's Protective Security Policy Framework passwords have to be changed every 3 months.

Users will be reminded via an email sent from [noreply@strategicdata.com.au](mailto:noreply@strategicdata.com.au) each day for 14 days prior to when their password is due to expire, and will also be reminded on PMHC MDS login 7 days prior to the password expiry.

It is quicker to reset your password before it expires:

1. Click on the password rest link to open <https://auth.strategicdata.com.au/>.  
either on the password reminder email

[support@strategicdata.com.au](mailto:support@strategicdata.com.au)

Password Expiry Reminder

To: [REDACTED]

Hello [REDACTED]

Your Strategic Data password will expire in 13 days.

This password provides you access to online services provided by Strategic Data Pty Ltd including the following

- \* PMHC MDS.

Please change your password at <https://auth.strategicdata.com.au/>

As required by the Australian Government's Protective Security Policy Framework passwords must be:

- \* 13 or more characters with no complexity requirements, or
- \* a minimum of 10 characters with at least 3 of the following character sets
  - \* lowercase characters (a-z)
  - \* uppercase characters (A-Z)
  - \* digits (0-9)
  - \* punctuation and special characters
- \* changed at least every 90 days
- \* changed by users no more than once a day
- \* not reused from any of the preceding eight changes

Please contact [support@strategicdata.com.au](mailto:support@strategicdata.com.au) if you have any questions or require assistance.

Thank you

or on PMHC MDS login click the 'Sign in' button.

## Login to PMHC MDS successful.

Welcome [REDACTED]

Your password will expire in 7 days.

[Change your password now.](#)

[Continue to site.](#)

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3. When your profile management page opens, you will be shown this screen.

## Change your password

Passwords are to be:

- 13 or more characters with no complexity requirements, or
- a minimum of 10 characters with at least 3 of the following character sets
  - lowercase characters (a-z)
  - uppercase characters (A-Z)
  - digits (0-9)
  - punctuation and special characters
- changed at least every 90 days
- changed by users no more than once a day
- not reused from any of the preceding eight changes

Current Password  \* response required

Password:  \* response required

Confirm password:  \* response required

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### ***Fig. 1.1 Enter your current password in the first box Enter your new password in the second and third box.***

Please note; \* if you see the message 'Password unacceptably weak' after entering your new password, the password is not of sufficient complexity. Please check the password requirements. (Current users have indicated they find it easier to create a password that is 13 or more characters to avoid the complexity requirements) \* if you receive a message that your current password is incorrect, please reset your password through the [Forgotten or Expired Password](#).

3. Click 'Submit'.
4. You will receive confirmation when your new password has been successfully saved.

Your new password has been saved.

It may take up to 5 minutes for your password to be updated on all the systems. Please change any stored passwords in email programs and or mobile devices.

5. Log out of your profile management site.
6. Navigate back to the PMHC MDS <https://pmhc-mds.com/> and sign in.

### **1.1.2. Forgotten or Expired Password**

As required by the Australian Government's Protective Security Policy Framework passwords have to be changed every 3 months. If you do not change your password it will expire and you will not be able to login to the system without resetting your password.

If you have forgotten your password or it has expired:

1. Navigate to <https://pmhc-mds.net/> and click the 'Sign in' button.
2. Click 'Forgot Password'.

## Resetting password

This form is to be used to reset a forgotten password. Please enter your primary email address. An email with further instructions will be sent to the email addresses we have on file.

Email or Username  \* response required

I'm not a robot   
reCAPTCHA  
Privacy - Terms

3. You will be prompted to enter your email address or user name recorded for the PMHC MDS.
4. Click the 'I'm not a robot' checkbox.
5. Click 'Submit'.
6. An email with further instructions will be sent from [noreply@strategicdata.com.au](mailto:noreply@strategicdata.com.au) to the email address the PMHC MDS has on file for the user. Additionally, if you have set a backup email, then an email will also have been sent there. An SMS with a verification code will have been sent to the mobile phone number we have on record.

## Resetting password

Thank you for requesting a password reset.

An email has been dispatched to your primary address with details on how to reset your password. If you have a backup address registered, then an email will also have been dispatched to it.

Please follow the link in this email to complete the process.

If you don't receive this email please contact [nobody@nowhere.com.au](mailto:nobody@nowhere.com.au).

7. Open the email sent from [noreply@strategicdata.com.au](mailto:noreply@strategicdata.com.au) and open the link in the email.



Hello [REDACTED]

Someone has requested a password reset on 2018-10-22, and so this email has been dispatched to all email addresses that are on record for your user.

Please verify your identity for the PMHC MDS, PMHC MDS authentication system.

Follow the link below, and then enter the code which has been sent to your mobile phone.

<https://auth.strategicdata.com.au/x/verify/E57665FD743AC55DC22CEE6C>

If you can't click the link, please copy the entire link and paste it into your browser.

If you don't receive the SMS please contact [support@strategicdata.com.au](mailto:support@strategicdata.com.au).

Note that this invite will automatically expire after 7 days. If that happens, then the process will need to begin again.

Thank you.

8. Enter the verification code you were sent via SMS.

## User Verification

Enter SMS code:

Submit

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9. Click 'Submit'.
10. You will be shown a 'Password reset' page.

## Password reset

Passwords are to be:

- 13 or more characters with no complexity requirements, or
- a minimum of 9 characters with at least 3 of the following character sets
  - lowercase characters (a-z)
  - uppercase characters (A-Z)
  - digits (0-9)
  - punctuation and special characters
- changed at least every 90 days
- changed by users no more than once a day
- not reused from any of the preceding eight changes

Please enter a new password:

Password:  \* response required

Confirm password:  \* response required

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11. Enter your new password.
12. Confirm your new password.
13. Click 'Submit'.
14. Your password will be reset.

## Password reset

FirstName Surname, your Strategic Data password has been reset  
You may now log in using that password.

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15. Logout of your profile management site.
16. Navigate back to <https://pmhc-mds.com/> and sign in.

### 1.2. Home

To use the PMHC MDS navigate to <https://pmhc-mds.net>.

The first page you will see is the Home page. The home page shows you the most recent announcements made via the [PMHC mailing list](#).



# Primary Mental Health Care Minimum Data Set

Home SLK

Sign In

## Home

The Primary Mental Health Care Minimum Data Set (PMHC MDS) will provide the basis for PHNs and the Department of Health to monitor and report on the quantity and quality of service delivery, and to inform future improvements in the planning and funding of primary mental health care services funded by the Australian Government.

For more information please visit [www.pmhc-mds.com](http://www.pmhc-mds.com)

## Announcements

### UPDATE regarding the Primary Mental Health Care Minimum Data Set - Request for nominations to be early adopters October 14, 2016

PMHC MDS Data Specifications Update v1.0.1 was released on October 6, 2016. This update includes the following changes: Episode - Principal Focus of Treatment Plan - Updated response 4 from 'Complex care package for adults' to 'Complex care package'. Episode - Source of Cash Income - Added 0 as a valid response. This is to be used when the client is aged less than 16 years. Added a field to all data items to specify whether a response value is required.

### Update to the PMHC MDS Data Specifications - 6/10/2016

The below circular was sent to PHN CEOs on Friday 14 October 2016. ----- Dear PHN CEOs The Primary Mental Health Care Minimum Data Set (PMHC MDS) will be available for all Primary Health Networks (PHNs) to commence uploading data in early December. Prior to this we are looking for between 5 and 10 PHNs to volunteer as early adopters.

### Primary Mental Health Care Minimum Data Set Circular September 28, 2016

Dear PMHC MDS Reference Group, Please find attached the Primary Mental Health Care Minimum Data Set (PMHC MDS) Circular, that was sent to PHN CEOs on Thursday 23 September 2016. This circular provides advice on the commencement and implementation arrangements for the PMHC MDS. This circular will also be available through the PHN website soon, at the following link: [Open URL]. Regards, Mental Health Data and Funding Section Mental Health Services Branch Health Services Division Department of Health

## Department of Health



PMHC-MDS managed by Strategic Data Pty Ltd | [Contact Support](#)

An announcements archive link is now available on the Home tab under the three most recent announcements - Click [View Archive](#) to view all the PMHC MDS announcements.

### 1.2.1. Accepting an invitation to become a PMHC MDS User

To become a PMHC MDS user you will be sent an invitation by email and a verification code via SMS. In order to gain access to the PMHC MDS you will need to accept this invitation within 7 days, by following these steps:

noreply@strategicdata.com.au

To: [REDACTED]

PMHC MDS Verification



Hello [REDACTED]

You have been invited to sign up by [REDACTED] and they will be notified once you complete the process.

Please verify your identity for the PMHC MDS authentication system.

Follow the link below, and then enter the code which has been sent to your mobile phone.

<http://auth.strategicdata.com.au/x/verify/E5CCF94F63C4FDE6A6EA4996>

If you can't click the link, please copy the entire link and paste it into your browser.

If you don't receive the SMS please contact [nobody@nowhere.com.au](mailto:nobody@nowhere.com.au).

Note that this invite will automatically expire after 7 days. If that happens, then the process will need to begin again.

Thank you.

1. Click on the link contained in the email. You will be shown a page where you will need to input the SMS you have been sent.

## User Verification

Enter SMS code:

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2. Input your verification code.
3. Click 'Submit'.
4. You will be shown a page where you need to choose a password.

*Please note: This is a single use token - please don't navigate away from this page until you have successfully set your password.*

## Activate account

Please enter a password

Passwords are to be:

- 13 or more characters with no complexity requirements, or
- a minimum of 9 characters with at least 3 of the following character sets
  - lowercase characters (a-z)
  - uppercase characters (A-Z)
  - digits (0-9)
  - punctuation and special characters
- changed at least every 90 days
- changed by users no more than once a day
- not reused from any of the preceding eight changes

Password:  \* response required

Confirm password:  \* response required

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5. Enter your password.
6. Confirm your password.
7. Click 'Submit'.
8. Your account will now be activated.

## Activate account

Thank you FirstName1 Surname1, your Strategic Data account is now activated.  
Please proceed to the [Login page](#) now.

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9. Navigate to <https://pmhc-mds.net/> and follow the [Logging In](#) instructions.

### 1.2.2. Logging In

After navigating to <https://pmhc-mds.net/> click the 'Sign in' button to login.

## Sign In

E-mail or username:

Password:

[Sign in](#)

[Forgot Password](#) | [Help](#)

You will be presented with a login form. Enter your email address or username and then your password and click 'Sign in'.

If it is your first time logging in, you will be asked to set a backup email address.

## Login to PMHC MDS successful.

Welcome FirstName Surname.

You do not have a backup email stored. This email is used to allow you to reset your password if you lose access to your primary account. It is advisable to set a backup email.

[Set a backup email now.](#)

[Continue to site.](#)

The backup email address is used when resetting your password. If you forget your password an email is sent to both your primary email address and your backup email address. This allows you to regain access to your account in the event that you no longer have access to your primary email address.

1. Click 'Set a backup email now.'
2. You will be shown the manage details page.

## Manage Details

[Profile](#)[Attributes](#)

You're currently enrolled in the following sites:

- PMHC MDS

Name:

FirstName Surname

[Change personal details](#)

## Manage Security Credentials

Username: firstnames

Email Address: firstname.surname@email.example.com

[Change email address](#)Email address: 

\* response required

[Submit](#)

Mobile Phone:

0401111222

[Change mobile phone number](#)

## Password lifetime

Last changed: 03 Nov 2016 03:41 UTC

Expires at: 01 Feb 2017 03:41 UTC

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3. Under 'Manage Security Credentials' there will be an 'Email address' field.
4. Type in your backup email.
5. Click 'Submit'

## Manage Security Credentials

Username: firstnames

Email Address: firstname.surname@email.example.com

[Change email address](#)

ur request to change your backup email address has been noted.

An email has been dispatched to that address with details on how to confirm the change.

Please follow the link in this email to complete your backup email update.

If you don't receive that email then please check that the address was entered correctly. If the problem persists, please contact [nobody@nowhere.com.au](mailto:nobody@nowhere.com.au)

6. You now need to confirm the email address. You will have been sent an email to the address you specified and an SMS to the mobile phone number we have on record. Please follow the link in the email and enter the code that has been sent to your mobile.

# User Verification

Enter SMS code:

**Submit**

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7. Click 'Submit'
8. Your backup email is now confirmed.

## Confirm update email

FirstName Surname, your backup Strategic Data email has been updated.

© Strategic Data 2016

9. Navigate back to <https://pmhc-mds.net/> and sign in.
10. What you see once you login will depend upon what **Users Roles** you have been assigned.

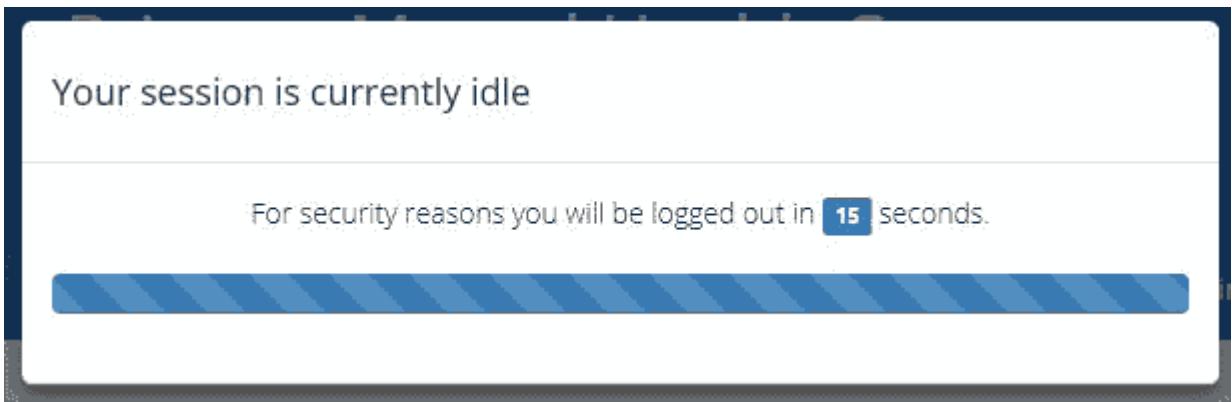
### 1.2.3. Logging Out

Once logged in, logout by:

1. Clicking on the button to the right of the menubar that says 'Logged in as [Name]'.  
2. A drop down menu will appear.  
3. Click 'Logout'.

We highly encourage users to logout once they have completed their tasks.

*Please note - the PMHC MDS will automatically log out users after 15 minutes of inactivity. You will see a pop up box that will provide a count down feature prior to automatically logging out the idle user.*



#### 1.2.4. Updating your details

Once signed in, to edit your details:

1. Click on the button to the right of the menubar that says 'Logged in as [Name]'.  
2. A drop down menu will appear.  
3. Click 'Profile'.  
4. You will be taken to the Profile Management system.  
5. Login using your PMHC MDS email/username and password.

The screenshot shows the 'Login to Strategic Data Profile' page. At the top, there are 'Login' and 'Help' buttons. The main area has two input fields: 'Email or Username:' and 'Password:', each with a clear icon. Below the fields are 'Login' and 'Forgot password' buttons. To the right of the 'Forgot password' button are links for 'Reset expired password' and 'Request an account'. At the bottom left, there's a copyright notice: '© Strategic Data 2018'.

6. You will see the 'Manage Details' page.

# Manage Details

Profile    Attributes

You're currently enrolled in the following sites:

- PMHC MDS

Name: FirstName Surname

[Change personal details](#)

## Manage Security Credentials

Username: firstnames  
Email Address: firstname.surname@email.example.com  
Backup Email Address: firstname.surname@backup.example.com  
Mobile Phone: 0401111222

[Change email address](#)  
[Change backup email address](#)  
[Change mobile phone number](#)

## Password lifetime

Last changed: 03 Nov 2016 04:31 UTC  
Expires at: 01 Feb 2017 04:31 UTC

© Strategic Data 2016

7. To update your name, click the 'Change personal details' link.
8. To update your primary email address, click the 'Change email address' link.
9. To update your backup email address, click the 'Change backup email address' link.
10. To update your mobile phone number, click the 'Change mobile phone number' link.
11. The last section on the page 'Password lifetime', tells you when you last changed your password and when it will expire. Passwords have to be changed every 3 months.

### 1.3. Organisations

You will be able to see the Organisations tab if you have been assigned the 'Organisation Management' or the 'User Management' role, when logged into the PMHC MDS on <https://pmhc-mds.net>.

If you believe you should have access to an organisation and it doesn't appear in your list please contact someone who has the 'User Management' role in that provider organisation or the provider organisation's commissioning PHN.

If you are unsure who has the 'User Management' role please email the PMHC helpdesk at [support@pmhc-mds.com](mailto:support@pmhc-mds.com)

After navigating to the organisation tab, you will be presented with a list of top level organisations for which you have been assigned the 'Organisation Management' or the 'User Management' role.

## Organisations

Users with the Organisation Management role can use this tab to view, add and edit an organisation commissioned by a PHN.

Users with the User Management role will also be able to use this tab to see all users assigned to an organisation.

**Support:** For more information and assistance visit [PMHC MDS Documentation](#). (link opens in a new window)

Organisations

View Organisations

**Include inactive organisations**

Organisation Key	Name	State	Type	Start Date	End Date	Tags
PHN999	Test PHN	NSW	Primary Health Ne...	01/06/2014	09/09/9999	



PMHC-MDS managed by Strategic Data Pty Ltd | [Contact Support](#) | [User Documentation](#)

### 1.3.1. Viewing a PHN

You can view a PHN organisation's details through the Organisations tab, by following these steps:

1. Navigate to the Organisations tab.
2. Click on the PHN name in blue text displayed within the table list.

The PHN organisations details will be displayed, along with a provider organisations tab. If you have the 'User Management' role will also include a 'Users' tab listing the users that belong to this PHN.

## ★ ? PHN 'Test PHN'

Details Provider Organisations

[View Details](#)

### Tags

**Organisation Path**  
PHN999

**Organisation Key**  
PHN999

**Name**  
Test PHN

**Legal Name**

**ABN**  
92156423755

**Type**  
Primary Health Network

**State**  
NSW

**Start Date**  
01/06/2014

**End Date**  
09/09/9999

### 1.3.2. Searching for a Provider Organisation

You can search for a provider organisation by sorting and filtering the provider organisations of a PHN. Follow these steps:

1. Navigate to the Organisations tab.
2. Click on the PHN name in blue text displayed within the table list.
3. Click on the 'Provider Organisations' tab.
4. Sort the listed provider organisations by simply clicking on a column header of the provider organisations table. Alternately you can click on the arrow beside a column header for more sort options, as follows:
  - Sort Ascending
  - Sort Descending
  - Remove Sort
  - Hide Column

To filter the listed provider organisations:

1. Click the grey 'Filters' button.
2. Start typing in an edit box now displayed under the column headers.

## ★ ? PHN 'Test PHN'

Details

Provider Organisations

View Provider Organisations

Add Provider Organisation

Filters

? Provider Organisation

 Include inactive organisations

Organisation Key	Name	State	Type	Start Date	End Date	Tags
PHN999:0001	Test Provider Organisation 1	VIC	General Medical ...	01/06/2014	09/09/9999	1569
PHN999:0002	Test Provider Organisation 2	VIC	General Medical ...	01/06/2014	09/09/9999	
PHN999:0003	Test Provider Organisation 3 (inactive)	VIC	General Medical ...	01/06/2014	09/09/9999	
PHN999:ATSI-PO1	Test ATSI Provider One	VIC	Aboriginal Health/...	01/06/2016	09/09/9999	
PHN999:[Centre Nam...]	Headspace test	NSW	Community-mana...	01/06/2014	09/09/9999	
PHN999:NFP52	Test inactive PO 52	VIC	General Medical ...	01/02/2015	01/01/2020	
PHN999:PO1	Test Provider Organisation NFP1	NSW	Community-mana...	01/06/2014	09/09/9999	
PHN999:PO2	Test Provider Organisation NFP2	NSW	General Medical ...	01/06/2014	09/09/9999	

3. To remove the filter, click the grey cross within the edit box beside any entered text.

### 1.3.3. Viewing a Provider Organisation

You can view a provider organisation's details through the Organisations tab, by following these steps:

1. Navigate to the Organisations tab.
2. Click on the PHN name in blue text displayed within the table list.
3. Click on the 'Provider Organisations' tab.
4. Click on the provider organisation's name from the 'View Provider Organisations' table

## ? Provider Organisation "Test Provider Organisation 1" at PHN "Test PHN"

Details

View Details

Edit Details

**Tags**  
1569

**Organisation Path**  
PHN999:0001

**Organisation Key**  
0001

**Name**  
Test Provider Organisation 1

**Legal Name**
**ABN**  
70134174128

**Type**  
General Medical Practice

**State**  
VIC

**OMSSS Provider Organisation Email**
**Start Date**  
01/06/2014

**End Date**  
09/09/9999

### 1.3.4. Adding a Provider Organisation

If you have the 'Organisation Management' role you can add provider organisations through the organisation tab by following these steps:

1. Navigate to the Organisations tab.
2. Click on the PHN name in blue text displayed within the table list.
3. Click on the 'Provider Organisations' tab.
4. Click the 'Add Provider Organisation' tab.

The screenshot shows a web-based form for adding a provider organisation. At the top, there's a breadcrumb navigation: Home / Organisations / PHN999 / Add Provider Organisations. Below that is the title '★ ? PHN 'Test PHN''. The main area has tabs for 'Details' and 'Provider Organisations', with 'Provider Organisations' being active. Underneath are sub-tabs: 'View Provider Organisations' and 'Add Provider Organisation'. A help icon (? Provider Organisation) is in the top right. The form itself has sections for 'Tags' (with a 'Add a tag' input), 'Organisation Path' (PHN999), 'Name \*' (input field), 'ABN \*' (input field), 'State \*' (dropdown menu), 'Start Date \*' (input field with calendar icon), 'Organisation Key \*' (input field with edit icon), 'Legal Name' (input field), 'Type \*' (input field with dropdown arrow), 'OMSSS Provider Organisation Email' (input field), and 'End Date' (input field with calendar icon). At the bottom is a blue 'Save' button.

5. Complete all the mandatory fields marked with an \* in the add Provider Organisation form.
6. Click the blue 'Save' button.

You will receive confirmation that the organisation has been saved, and it will now be displaying in the PHN's Provider Organisations list.



### 1.3.5. Editing a Provider Organisation

If you have the 'Organisation Management' role you can edit a Provider Organisation's details through the organisation tab, by following these steps:

1. Navigate to the Organisations tab.

- Click on the PHN name in blue text displayed within the table list.

Home / Organisations / PHN999 / View Details

## ★ ? PHN 'Test PHN'

Details	Provider Organisations
<a href="#">View Details</a>	
<b>Tags</b>	
<b>Organisation Path</b> PHN999	<b>Organisation Key</b> PHN999
<b>Name</b> Test PHN	<b>Legal Name</b>
<b>ABN</b> 92156423755	<b>Type</b> Primary Health Network
<b>State</b> NSW	
<b>Start Date</b> 01/06/2014	<b>End Date</b> 09/09/9999

- Click on the 'Provider Organisation' tab.
- Click on the Provider Organisation name in blue text displayed within the Provider Organisations table.

Home / Organisations / PHN999 / PHN999:0001 / View Details

## ? Provider Organisation "Test Provider Organisation 1" at PHN "Test PHN"

Details	
View Details	Edit Details
<b>Tags</b> 1569	
<b>Organisation Path</b> PHN999:0001	<b>Organisation Key</b> 0001
<b>Name</b> Test Provider Organisation 1	<b>Legal Name</b>
<b>ABN</b> 70134174128	<b>Type</b> General Medical Practice
<b>State</b> VIC	<b>OMSSS Provider Organisation Email</b>
<b>Start Date</b> 01/06/2014	<b>End Date</b> 09/09/9999

- If you have permission to edit the Provider Organisation an 'Edit Details' tab will be displayed.
- Click the blue 'Edit' button.

## Provider Organisation "Test Provider Organisation 1" at PHN "Test PHN"

Details

View Details Edit Details

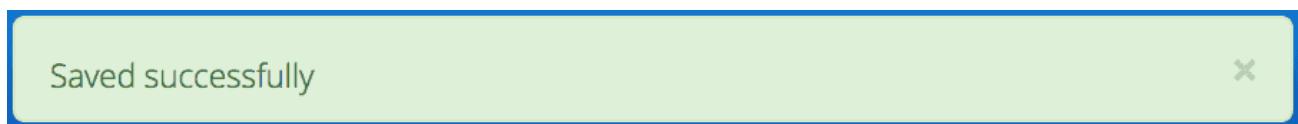
Tags  
1569 [Add a tag](#)

<b>Organisation Path</b> PHN999:0001	<b>Organisation Key</b> 0001
<b>Name *</b> Test Provider Organisation 1	<b>Legal Name</b> <input type="text"/>
<b>ABN *</b> 70134174128	<b>Type *</b> General Medical Practice
<b>State *</b> VIC	<b>OMSSS Provider Organisation Email</b> <input type="text"/>
<b>Start Date *</b> 01/06/2014	<b>End Date</b> 09/09/9999

[Save](#)

4. Update the organisations details. Mandatory fields are marked with an \*
5. Click the blue 'Save' button.

You will receive confirmation that the updated organisation details have been saved..



### 1.3.6. Inactivate a Provider Organisation

You can make a provider organisation inactive by entering an 'End Date' in the provider organisation details. The 'End Date' can be in the future.

Once an end date is saved, there will be a 90 day grace period in which the users of this inactive provider organisation can finalise adding their data. Users of an inactive provider organisation will not be able to add data after the grace period has passed.

*Please note: Service Contact data and Outcome Collection Occasion data will not be able to be recorded after an organisation's end date.*

*Please note: Only organisations that are active within a reporting period will be displayed in the reports organisation field.*

### 1.3.7. Viewing an inactive Provider Organisation

You can view an inactive provider organisation's details through the Organisations tab, by following these steps:

1. Navigate to the Organisations tab.
2. Click on the PHN name in blue text displayed within the table list.
3. Click on the 'Provider Organisations' tab.
4. Select the 'Include inactive organisations' box.
5. Click on the provider organisation's name from the 'View Provider Organisations' table

Inactive organisations will be displayed with an ZZZ icon and will be greyed out.

The screenshot shows the 'View Provider Organisations' page. At the top, there is a breadcrumb navigation: Home / Organisations / PHN999 / View Provider Organisations. Below the breadcrumb is a title '★ ⓘ PHN 'Test PHN'' with a star and info icon. There are two tabs: 'Details' (selected) and 'Provider Organisations'. Below the tabs are buttons for 'View Provider Organisations' and 'Add Provider Organisation', and a 'Filters' button with a help icon. A checked checkbox labeled 'Include inactive organisations' is visible. The main area is a table with columns: Organisation Key, Name, State, Type, Start Date, End Date, and Tags. The table contains 12 rows, with the first row being a header. Some rows have a ZZZ icon in the Organisation Key column, indicating they are inactive. The last row, 'PHN999:NSPT', has a !nspt tag in the Tags column.

Organisation Key	Name	State	Type	Start Date	End Date	Tags
PHN999:0003	Test Provider Organisation 3 (inactive)	VIC	General Medical ...	01/06/2014	09/09/9999	
PHN999:ATSI-PO1	Test ATSI Provider One	VIC	Aboriginal Health/...	01/06/2016	09/09/9999	
PHN999:[Centre Nam...]	Headspace test	NSW	Community-mana...	01/06/2014	09/09/9999	
zz PHN999:Inactive	Inactive Prodiver Organisation	VIC	Private Hospital	01/06/2016	30/06/2018	Inactive
zz PHN999:InactivePO	InactivePO	VIC	General Medical ...	01/06/2016	31/12/2018	InactivePO
PHN999:NFP01	Not for Profit 1	NSW	Private Allied Heal...	01/06/2014	09/09/9999	active, !nspt
PHN999:NFP02	Not for Profit 2	NSW	Private Allied Heal...	01/06/2014	09/09/9999	active
PHN999:NFP42	Organisation NFP42	VIC	General Medical ...	02/07/2018	09/09/9999	
zz PHN999:NFP43	Organisation NFP43	VIC	General Medical ...	01/07/2017	01/07/2018	
PHN999:NFP52	Test inactive PO 52	VIC	General Medical ...	01/02/2015	01/01/2020	
PHN999:NSPT	NSPT	VIC	Other	01/06/2016	09/09/2020	!nspt

### 1.3.8. Deleting a Provider Organisation

You cannot delete a provider organisation. If you believe an organisation should be deleted please email [support@pmhc-mds.com](mailto:support@pmhc-mds.com).

## 1.4. Users

You will only be able to see the Users tab if you have been assigned the 'User Management' role, when logged into the PMHC MDS on <https://pmhc-mds.net>.

If you don't have access to the Users tab and you believe you should, please contact someone in your provider organisation or provider organisation's PHN who has the 'User Management' role.

If you are unsure who has the 'User Management' role please email the PMHC Helpdesk at [support@pmhc-mds.com](mailto:support@pmhc-mds.com)

After navigating to the Users tab, you will be presented with a list of the users that are assigned to the organisations for which you have the 'User Management' role.

The screenshot shows the 'Users' tab selected in the top navigation bar. The main content area displays a table of users with columns for Username, Name, and Email. The table contains 25 rows, each representing a user with a unique username and name combination, and a corresponding email address. A 'Filters' button is located in the top right corner of the table area.

Username	Name	Email
user1	given-user1 surname-user1	user1@email.example.com
user10	given-user10 surname-user10	user10@email.example.com
user11	given-user11 surname-user11	user11@email.example.com
user12	given-user12 surname-user12	user12@email.example.com
user13	given-user13 surname-user13	user13@email.example.com
user2	given-user2 surname-user2	user2@email.example.com
user21	given-user21 surname-user21	user21@email.example.com
user22	given-user22 surname-user22	user22@email.example.com
user23	given-user23 surname-user23	user23@email.example.com
user24	given-user24 surname-user24	user24@email.example.com
user25	given-user25 surname-user25	user25@email.example.com



PMHC-MDS managed by Strategic Data Pty Ltd | Contact Support | User Documentation

#### 1.4.1. Users Roles

Access to the PMHC MDS is based around roles. The following table provides a summary of each of the roles that currently exist within the PMHC MDS:

Role	Tasks allowed
Organisation Management	A user with the Organisation Management role for a PHN can manage provider organisations for that PHN.
User Management	A user with the User Management role for an organisation can manage user accounts for that organisation
Upload	A user with the Upload role can upload data to the associated organisation
Reporting	A user with the Reporting role can run reports and download data from the associated organisation
Data Entry	A user with the Data Entry role can enter client data and practitioners from the associated organisation

Each role allows a user to perform specific tasks. A user can have more than one role. Each role is granted for a user against an organisation. An organisation can either be a Primary Health Network or a provider organisation. If a user is granted a role for a Primary Health Network (PHN) they will also have this role for any provider organisation's of that PHN. A user can be invited to have a role at more than one organisations. There is no limit to the number of users per organisation.

What users see once they are logged in will depend upon what roles they have been assigned. The table below lists the tabs that will be shown for each role:

Role	Tab
Organisation Management	Organisations
User Management	Organisations, Users
Upload	Upload
Reporting	Reports, Data Extract
Data Entry	Data Entry
All users	SLK

### 1.4.2. Finding a user

You can sort and filter the listed users through the Users tab.

Please note: Newly invited users will not be visible until they have successfully accepted their invitation.

Sort the listed users by simply clicking on the column header. Alternately you can click on the arrow beside a column header for more sort options, as follows:

- Sort Ascending
- Sort Descending
- Remove Sort
- Hide Column

To filter the listed users:

1. Click the grey 'Filters' button.
2. Start typing in an edit box now displayed under the column headers.
3. To remove the filter, click the grey cross within the edit box beside any entered text.

List			Filters
Username	Name	Email	
orga.user1	given-orga.user1 surname-orga.user1	orga.user1@email.example.com	
user1	given-user1 surname-user1	user1@email.example.com	

### 1.4.3. Viewing a User's details

You can view a user's details through the user tab, by following these steps:

1. Navigate to the Users tab.
2. Click on the user's name in blue displayed within the table list.

Home / Users / given-user1 surname-user1 details

## given-user1 surname-user1 details

Details	Roles
<a href="#">View Details</a>	
<b>Username</b> user1	<b>Email</b> <a href="mailto:user1@email.example.com">user1@email.example.com</a>
<b>Name</b> given-user1 surname-user1	<b>Login Status</b> 1

A page will display showing the user's details and the [Users Roles](#) they have at particular organisations. See [Viewing a user's roles](#).

### 1.4.4. Editing a User's details

A user can edit their own contact details.

See [Updating your details](#)

#### 1.4.5. Adding a new user

Note: PHNs can devolve ‘user management’ authority to one or more users in a provider organisation so that the provider organisation can manage their own logins, or a PHN can choose to keep user management authority at the level of the PHN requiring each provider organisation to contact the PHN when they need a new user added.

Each individual staff member should be set up with their own unique login access. Generic login accounts are not encouraged to be set up and used within the PMHC MDS, and usernames/passwords should not be shared with other individuals. This process ensures that when a staff member leaves, their access can be easily disabled and it doesn’t affect other users or the security of the organisation’s data. A user’s account, should not be passed from one staff member to the next.

Before inviting a user, it is always best to inform them that they will receive a PMHC MDS invitation by email from [noreply@strategicdata.com](mailto:noreply@strategicdata.com) and a verification code via SMS. You can also provide them with the link to the online [User Guide](#) to read the steps they will need to complete the steps outlined in [Accepting an invitation to become a PMHC MDS User](#).

The next step to adding a new user is to invite them through the Users tab, by following these steps:

1. Navigate to the Users tab.
2. Click the ‘Invite New User’ tab.

The screenshot shows a user interface for inviting a new user. At the top, there are two tabs: 'Users' and 'Invite New User'. The 'Invite New User' tab is highlighted. Below the tabs, the word 'Invite' is displayed in a blue header bar. The main form area contains the following fields:

- First Name \***: An input field with a clear button.
- Email \***: An input field containing 'example@test.com'.
- Organisation \***: A dropdown menu.
- Surname \***: An input field with a clear button.
- Mobile \***: An input field containing '0402 030 405'.
- Roles \***: A section with five checkboxes:
  - Organisation Management
  - User Management
  - Reporting
  - Data Entry
  - Upload

At the bottom of the form are two buttons: 'Invite' (highlighted in blue) and 'Clear'.

3. Complete all the fields with the new users contact details. (Mandatory fields are marked with an \* )
4. Select an organisation, either a PHN or Provider Organisation.
5. Assign one or more [Users Roles](#). (extra roles can be added after the user has access to the system. See [Editing a user's roles](#))

The screenshot shows a user interface for inviting a new user. The 'Invite' tab is active. The form fields are as follows:

- First Name \***: Firstname
- Surname \***: Surname
- Email \***: First.Surname@testphn.org.au
- Mobile \***: 0402030405
- Organisation \***: Test PO 1 ( PHN999:NFP01 )
- Roles \*** (checkboxes):
  - Organisation Management
  - User Management (checked)
  - Reporting
  - Data Entry (checked)
  - Upload (checked)

At the bottom are two buttons: 'Invite' (blue) and 'Clear'.

6. Click the blue 'Invite' button.
7. You will receive confirmation that the user has been sent an email to invite them to the PMHC MDS. They will also be sent an SMS containing a verification code. The user will need to follow the instructions in the email before they can gain access to the system. This invitation will be valid for 7 days.
8. When the user has accepted the invitation you will be sent an email to let you know. This user will now be listed in the View Users table.

**noreply@strategicdata.com.au**  
 To: firstname.surname@email.example.com  
 PMHC MDS invitation accepted

Hello,

A short while ago you invited FirstName1 Surname1 to sign up to the PMHC MDS authentication system.

They have now completed the sign-up process, so you are now able to assign roles to them, by searching for their email address: [firstname1.surname1@po1.example.com](mailto:firstname1.surname1@po1.example.com)

Thank you.

Please note: An invitation for a new user is valid for 7 days. You can not re-invite this user within this time, unless the verification code has expired, or they have :ref:` accepted the invitation <accepting-invitation>`.

#### 1.4.6. Deleting an invitation

You cannot delete a new users invitation after it is sent. If you believe an invitation should be deleted please email [support@pmhc-mds.com](mailto:support@pmhc-mds.com).

#### 1.4.7. Adding an existing user

Note: An existing user must have completed the required steps for [Accepting an invitation to become a PMHC MDS User](#) from their initial PMHC MDS invitation before they can be added again.

Before adding an existing user please ensure you have the same email and mobile number as their current PMHC MDS Profile. By ensuring these are identical, the system will automatically pick up if a user already exists in the PMHC MDS.

You can invite an existing user through the Users tab, by following these steps:

1. Navigate to the Users tab.
2. Click the 'Invite New User' tab.
3. Complete all the mandatory fields marked with an \* in the 'Invite User' form, ensuring these are the same details as their existing PMHC MDS Profile.
4. Select an organisation and assign their [Users Roles](#).

The screenshot shows the 'Invite' tab selected in the top navigation bar. The form fields are as follows:

- First Name \***: Input field with placeholder text.
- Surname \***: Input field with placeholder text.
- Email \***: Input field containing "example@test.com".
- Mobile \***: Input field containing "0402 030 405".
- Organisation \***: A dropdown menu with a visible arrow.
- Roles \***: A list of five checkboxes:
  - Organisation Management
  - User Management
  - Reporting
  - Data Entry
  - Upload
- Buttons**: 'Invite' (blue button) and 'Clear'.

5. Click the blue 'Invite' button.
6. You will receive confirmation that the roles have been added to the existing user.
7. Please note: You will need to notify the user that they have been added to the organisation and confirm their authorised roles. The system will not automatically do this.

#### 1.4.8. Viewing a user's roles

A user can have more than one role. Each role is granted for a user against an organisation you have the User Management Role at.

You can edit and assign extra roles to an existing user by following these steps:

1. Navigate to the Users tab.
2. Click on the user's name in blue displayed within the table list.
3. Click the 'Roles' tab to show the user's assigned roles.

## given-user54 surname-user54 details

The screenshot shows a user interface for managing roles. At the top, there are two tabs: 'User Details' (highlighted in blue) and 'Roles'. Below the tabs, there are two buttons: 'View Roles' and 'Edit Roles' (highlighted with a blue underline). A note below the buttons states: 'Note: Organisations can be filtered by typing or selecting criteria below.' A table follows, showing role assignments across different organisations. The columns are: Organisation P..., Organisation N..., Organisation ... (partially visible), User Managem..., Reporting, Data Entry, and Upload. The rows show three organisations: PHN999, PHN999:NFP01, PHN999:NFP02, and PHN999:NFP03. Each row contains a column for the organisation name and a column for the role name. To the right of each role name is a checkbox. In the first row (PHN999), all checkboxes are checked. In the subsequent rows, some checkboxes are checked while others are empty.

Organisation P...	Organisation N...	Organisation ...	User Managem...	Reporting	Data Entry	Upload
PHN999	Test PHN	<input checked="" type="checkbox"/>				
— PHN999:NFP01	Test PO 1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
— PHN999:NFP02	Test PO 2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
— PHN999:NFP03	Test PO 3		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

A tick displays the user currently has this role assigned at the relevant organisation.

### 1.4.9. Editing a user's roles

A user can have more than one role. Each role is granted for a user against an organisation you have the User Management Role at.

You can edit and assign extra roles to an existing user by following these steps:

1. Navigate to the Users tab.
2. Click on the user's name in blue displayed within the table list.
3. Click the 'Roles' tab.
4. Click the 'Edit Roles' tab.

## given-user54 surname-user54 details

The screenshot shows a user interface for managing roles. At the top, there are tabs for 'User Details' and 'Roles', with 'Roles' being the active tab. Below the tabs are buttons for 'View Roles' and 'Edit Roles'. A warning message states: 'Warning: Roles will be automatically saved when edited.' The main area is a table with columns: Organisation P..., Organisation N..., Organisation ... (partially visible), User Managem..., Reporting, Data Entry, and Upload. The rows represent different users assigned to organisations. For each row, the first column shows the organisation name (e.g., PHN104, PHN999) and the second column shows the user's name (e.g., phnonehundred). The remaining columns contain checkboxes indicating role assignments. Ticks in the checkboxes indicate the user has that role assigned at that organisation.

Organisation P...	Organisation N...	Organisation ...	User Managem...	Reporting	Data Entry	Upload
PHN104	phnonehundreda	<input type="checkbox"/>				
— PHN104:0001	phnonehundreda		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
— PHN104:0002	phnonehundreda		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PHN999	Test PHN	<input checked="" type="checkbox"/>				
— PHN999:NFP01	Test PO 1		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
— PHN999:NFP02	Test PO 2		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
— PHN999:NFP03	Test PO 3		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

6. A tick indicates the user currently has this role assigned at the relevant organisation. Multiple roles can be assigned and these roles are shown as blue tickets.

Add a role by clicking the empty checkbox.

Remove a role by clicking the ticked checkbox.

7. All changes are automatically saved.
8. You will need to notify the user of these role changes. The system will not automatically do this.

Please note: you will still see users in your list that have had all their roles removed.

### 1.4.10. Deleting a user

A user can be deleted from an organisation by removing all the roles the user has at that organisation.

See [Editing a user's roles](#)

### 1.4.11. Viewing all Organisational Users

You can view users assigned to an organisation through the organisation tab, by following these steps:

1. Navigate to the tab showing either the PHNs details or the provider organisations details.
2. Click on the PHNs or provider organisations name in blue displayed within the table list. If you are unsure how to view the details see [Viewing a PHN](#) or [Viewing a Provider Organisation](#)
3. Under the 'Users' tab, you can view a table list of the organisation's users.

4. You can filter the users within this table list, click the grey 'Filters' button and start typing in an edit box now displayed under the column headers. To remove the filter, click the grey cross within the edit box beside any entered text.

Home / Organisations / Test PHN / Roles of Assigned Users

## ★ PHN "Test PHN"

Details   Provider Organisations   Roles of Assigned Users

View Roles   Filters

Username	Name	Role
user1	given-user1 surname-user1	Organisation Management
user2	given-user2 surname-user2	User Management
user3	given-user3 surname-user3	Organisation Management, User Management
user4	given-user4 surname-user4	User Management, Upload
user5	given-user5 surname-user5	Organisation Management, Reporting, Upload
user6	given-user6 surname-user6	Organisation Management, User Management, Upload
user50	given-user50 surname-user50	Organisation Management, User Management, Reporting...

### 1.4.12. Assigning Extra Roles to an Organisational User

You can assign extra roles to an existing organisational user, by following these steps:

1. Once [Viewing a Client's details](#)
2. Click the users name
3. Follow on from Step 3 at [Editing a user's roles](#).

## 1.5. Upload

You will only be able to see the Upload tab if you have been assigned the 'Upload' role, when logged into the PMHC MDS on <https://pmhc-mds.net>.

If you don't have access to the Upload tab and you believe you should, please contact someone in your provider organisation or provider organisation's PHN who has the 'User Management' role.

If you are unsure who has the 'User Management' role please email the PMHC helpdesk at [support@pmhc-mds.com](mailto:support@pmhc-mds.com)

After navigating to the Upload tab, you will be presented with a drop down list of the organisations to which you can upload.

## Upload

Users with the Upload role can use this tab to upload files, view file upload status along with validation error reports and successful upload summaries.

Files will be accepted in the following types:

- A zip file (.zip) containing Comma Separated Values (.csv) files
- Excel (XLSX)

Note: After your file has been submitted, it will then be validated. You will receive an email informing you if your file was successfully uploaded to the PMHC MDS, or outlining any errors that occurred.

For more information on the data requirements please refer to the [Upload Specification](#).

**Support:** For more information and assistance visit [PMHC MDS Documentation](#). (link opens in a new window)

The screenshot shows the 'Upload' page with the 'Upload A File' tab selected. The 'Organisation\*' dropdown menu is open, displaying 'orga ( orga )'. Below the dropdown are two buttons: 'Select File' and 'Upload as test data'.

### 1.5.1. Uploading a file

After navigating to the Upload tab, you will be able to upload data files to organisations for which you have the 'Upload' role.

You can upload data files through the upload tab, by following these steps:

1. Navigate to the 'Upload' tab.
2. The Primary Health Network (PHN) will be pre-filled in the 'Organisation' field, unless you are allowed to upload to more than one PHN which will allow you to select the PHN whose data you are uploading.

The screenshot shows the 'Upload' page with the 'Organisation\*' dropdown menu expanded, listing three options: 'Primary Health Networks', 'Test Strategic Data ( TestStratDat )', and 'Training PHN ( PHN999 )'. The first option is selected.

4. Click the blue 'Select File' button.
5. Navigate to where the upload file is saved on your system. Select the file and click the grey 'Open' button.

The screenshot shows the 'Uploads' interface. At the top, there are two tabs: 'Uploads' (selected) and 'View Uploads'. Below the tabs, there's a section for 'Organisation\*' with a dropdown menu containing 'Training PHN (PHN999)'. There are two main buttons: 'Select File' (blue) and 'Upload' (green). To the right of these buttons is a checkbox labeled 'Upload as test data'. At the bottom of the form, it says 'File to upload: ~/fixtures/training.xlsx'.

6. Check to ensure you have selected the correct file by reviewing the file name now displayed below the 'Select File' button.
7. Click the green 'Upload' button.

You will receive confirmation that your file has been accepted. The file will now be validated and you will shortly receive a confirmation notification and an email. You can click on the link confirmation notification or open the email to view the upload status informing you if your file was successfully uploaded to the PMHC MDS, or informing you of any errors that occurred. See [Viewing Previous Uploads](#)

Please email [support@pmhc-mds.com](mailto:support@pmhc-mds.com) if you don't receive an email within one hour.

Further discussion about the error messages can be found at [Error messages](#).

### 1.5.2. Uploading a file in Test Mode

A file can be uploaded in Test Mode. When uploading in test mode, the file is validated, however the data is not updated in the PMHC MDS database.

After navigating to the Upload tab, you will be able to upload in Test Mode data files to organisations for which you have the 'Upload' role.

You can upload data files in Test Mode through the upload tab, by following these steps:

1. Navigate to the 'Upload' tab.
2. If you are allowed to upload to more than one organisation you will be asked to select an organisation name.
3. Select the name of the organisation whose data you are uploading from the drop down list.
4. Click the blue 'Select File' button.
5. Navigate to where the upload file is saved on your system. Select the file and click the grey 'Open' button.
6. Check to ensure you have selected the correct file by reviewing the file name now displayed below the 'Select File' button.
7. Click the 'Upload as test data' checkbox on the right hand side.

Uploads

Upload A File View Uploads

**Organisation\***

Test Strategic Data ( TestStratDat )

Select File  Upload as test data

8. Click the green 'Upload' button.

You will receive confirmation that your file has been accepted. The file will now be validated and you will shortly receive an email informing you if your file was valid, or informing you of any errors that occurred.

*Even if your file was valid, the data will not be updated in the PMHC MDS database.*

Upload Details

View Details

<b>File Name</b> fixtures-training.xlsx	<b>Upload ID</b> 37fb099b
<b>Upload Date</b> 29/08/2018 04:28:52 PM	<b>Status</b> complete
<b>Uploader</b> PMHC Training	<b>Specification</b> PMHC 1.0

**Messages**

Completed in Test Mode

### 1.5.3. Viewing Previous Uploads

The PMHC MDS allows you to review previous uploads.

Uploads

Upload A File View Uploads

Upload ID	Date Uploaded	Organisation Name	Username	File Name	Specification	Test	Status
6e0413ec	01/11/2018 01:34:18 PM	Test PHN	PMHCT	fixtures.xlsx	PMHC 1.0	No	accept
a2e60b3d	31/10/2018 02:23:37 PM	Test PHN	PMHCT	fixtures.xlsx	PMHC 1.0	No	complete
506aa42f	29/10/2018 09:18:10 AM	Test PHN	PMHCT	fixtures.xlsx	PMHC 1.0	Yes	complete
216d1fa5	25/10/2018 09:39:28 AM	Test PHN	PMHCT	fixtures.xlsx	PMHC 1.0	Yes	error

When an upload has been completed, regardless of whether it validated successfully or not, the upload will be added to the table.

The 'Status of Previous Uploads' table refreshes once files finish the validation process. Types of status results are:

- **accept** - the file is currently going through the validation process
- **complete** - the file has successfully passed the validation process
- **error** - the file has returned errors through the validation process. Please review the error messages and correct the data to upload again

Further discussion about the error messages can be found at [Error messages](#).

#### 1.5.4. Viewing Upload Details

You can view the results of an upload by following these steps:

1. Navigate to the 'Upload' tab.
2. Click the 'Upload Status' tab.
3. Locate the date and time of the upload you are interested in.
4. Click on the filename of the relevant upload.
5. You will be shown the 'Upload Detail' page.

#### 1.5.5. Complete uploads

[Viewing Upload Details](#) for complete uploads will display data verification information by listing the number of data records present and if those records are added, updated, or deleted, within the MDS records.

Messages				
File/Worksheet	Present	Added	Updated	Deleted
organisations	1	0	1	0
practitioners	11	0	11	0
clients	27	2	25	0
episodes	27	2	25	0
service contacts	114	20	94	0
k10p	10	2	8	0
k5	0	0	0	0
sdq	0	0	0	0

#### 1.5.6. Error messages

If the status of your file shows error, you can view the returned errors through [Viewing Previous Uploads](#).

Upload Details			
View Details			
<b>File Name</b> fixtures-training-x.xlsx	<b>Upload ID</b> 537e4d0d	<b>Status</b> error	
<b>Upload Date</b> 29/08/2018 06:17:30 PM			
<b>Uploader</b> PMHC Training		<b>Specification</b> PMHC 1.0	
<b>Errors</b>			
File/Worksheet	Row	Column Name	Error
Practitioners	7	atsi_cultural_training	Invalid ATSI Cultural Training. "Not required" is reserved only for practitioners who are of ATSI descent or employed by an Aboriginal Community Controlled Health Service. Therefore practitioner_atsi_status must have the value "Aboriginal but not Torres Strait Islander origin", "Torres Strait Islander but not Aboriginal origin" or "Both Aboriginal and Torres Strait Islander origin" or the Provider Organisation must have the type "Aboriginal Health/Medical Service".
Clients	12	date_of_birth	required to have a date between 01011900 and today's date.
Clients	24	client_atsi_status	value of "5" is invalid.
Clients	30	client_gender	required.
Clients	30	client_gender	value of "[blank]" is invalid.
Clients	34	organisation_path / client_key	value of "PHN999:PO2 / CL1003" is not unique. A previous row in the file contains the same values.
Episodes	7	episode_end_date	required to have a date between 01012016 and today's date.
Episodes	12	referral_date	required to have a date between 01012014 and today's date.
Service contacts	72	service_contact_date	required to have a date between 01012014 and today's date.
Service contacts	74	organisation_path / episode_key	value of "PHN999:PO2 / EP000039" is invalid. There is no matching row in the Episodes file/worksheet with this identifier.
K10p	11	measure_date	required to have a date between 01012016 and today's date.
Sdq	4	sdq_total	Inconsistent sdq_total. The Total Difficulties Score doesn't match the sum on the underlying subscales.

## 1.5.7. Correcting upload errors

Any data errors will need to be corrected in your internal system and a new upload file created. Or if you manually record data on the upload file, you can edit the data records directly on the file.

The definition of each data item has associated notes that will provide guidance on why an error is returned. By visiting the data specifications documentation and clicking on the [Record formats](#) field name this will take you to the field definition which outlines the associated notes.

In the Frequently Asked Questions guide there are questions about some of the common and unusual upload error messages. These answers contain information on what you can do to fix the error. See - [Uploading Data FAQs](#).

If you require assistance in understanding an error message, please email [support@pmhc-mds.com](mailto:support@pmhc-mds.com).

## 1.6. Data Entry

You will only be able to see the Data Entry tab if you have been assigned the 'Data Entry' [Users Roles](#), when logged into the PMHC MDS on <https://pmhc-mds.net>.

If you don't have access to the Data Entry tab and you believe you should, please contact someone in your provider organisation or provider organisation's PHN who has the 'User Management' role. If you are unsure who has the 'User Management' role please email the PMHC Helpdesk at [support@pmhc-mds.com](mailto:support@pmhc-mds.com)

After navigating to the Data Entry tab, you will be presented with three search boxes which will allow you to easily find and view the client data for the organisations you have permission to access.

The screenshot shows the 'Data Entry' tab selected in the top navigation bar. The main content area is titled 'Data Entry'. Below it, there are three search boxes labeled 'Client Key \*', 'SLK \*', and 'DOB \*'. Each box has a 'Clear Search' button and a 'Search' button. The 'Client' button is located in the top right corner of the search area. The bottom left corner features the Australian Government Department of Health logo, and the bottom right corner contains links to 'PMHC-MDS managed by Strategic Data Pty Ltd | Contact Support | User Documentation'.

### 1.6.1. Client Data

#### 1.6.1.1. Finding a Client

There are three [Search Fields](#) options available to find a client.

##### 1.6.1.1.1. Search Fields

You can choose any one of three search options to search for a client, depending on the client information that you have available to you at the time.

- **Client Key** - You can use this field to type in a whole Client Key, or start thereof.
- **SLK** - You can use this field to type in a client's Statistical Linkage Key
- **DOB** - You can use this field to type in a client's Client - Date of Birth.

The diagram illustrates three separate search input fields, each enclosed in its own box. The first box contains a label 'Client Key \*' above a text input field, a 'Clear Search' button to the right, and a 'Search' button at the bottom. The second box contains a label 'SLK \*' above a text input field, a 'Clear Search' button to the right, and a 'Search' button at the bottom. The third box contains a label 'DOB \*' above a text input field, which includes a calendar icon, a 'Clear Search' button to the right, and a 'Search' button at the bottom.

After entering information into one of these [Search Fields](#), simply click the blue 'Search' button to see [Client Search Results](#)

Use the grey 'Clear Search' button to removed any previously entered text.

#### **1.6.1.2. Client Search Results**

A display of the details used within the [Search Fields](#) used in [Finding a Client](#) will be visible above the search results table, when results are available.

You can sort the listed client search results through either of the above three search features for [Search Fields](#).

Sort the listed clients by simply clicking on the column header. Alternately you can click on the arrow beside a column header for more sort options, as follows:

- Sort Ascending
- Sort Descending
- Remove Sort
- Hide Column

Clients	Practitioners					
View Clients Add New Client						
Showing results for Client Key "CL0"						
Client Key ▲ ▼	Organisation Path ▼	SLK ▼	Date Of Birth ▼	Gender ▼	Last Known Postcode ▼	Last Contact Date
CL0001	PHN999:NFP01	Z4H4TBAEASY0T27J0...	17/02/1983	Female	2101	21/07/2016
CL0002	PHN999:NFP01	BBR6G3CWCQAKEBT...	24/09/2007	Male	2102	17/07/2016
CL0003	PHN999:NFP01	S9F9MSJSPKPS9Y2EZ...	09/09/9999	Not stated/Inadequat...	2103	19/06/2016
CL0003	PHN999:NFP02	S9F9MSJSPKPS9Y2EZ...	09/09/9999	Not stated/Inadequat...	2614	22/11/2016
CL0004	PHN999:NFP01	222J04BDNZYKPNXJ7...	08/07/1970	Female	2104	25/06/2016
CL0005	PHN999:NFP01	KD75EHJ6RTMRGJPW...	17/02/1983	Other		
CL0006	PHN999:NFP01	MN65F3CEKY47K3V3J...	04/01/1958	Male	2106	24/07/2016
CL0007	PHN999:NFP01	G6MMH6SXPW819SJ...	09/09/9999	Not stated/Inadequat...	2107	10/05/2016
CL0008	PHN999:NFP01	B07MMQ44YAM5EQF...	28/02/1978	Female	2108	30/09/2016
CL0009	PHN999:NFP01	CXN263HSPMB0ZK6T...	19/06/2002	Other	2109	15/07/2016
CL0010	PHN999:NFP01	B07MMQ44YAM5EQF...	28/02/1978	Female	2111	20/04/2016

To filter the listed clients:

1. Click the grey 'Filters' button.
2. Start typing in an edit box now displayed under the column headers.
3. To remove the filter, click the grey cross within the edit box beside any entered text or click the grey 'Filters' button.

Clients	Practitioners					
View Clients Add New Client						
Showing results for Client Key "CL0"						
Client Key ▲ ▼	Organisation Path ▼	SLK ▼	Date Of Birth ▼	Gender ▼	Last Known Postcode ▼	Last Contact Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> 290 <span style="color: #ccc;">×</span>	<input type="text"/>	<input type="text"/>
CL0011	PHN999:NFP02	KJBEZMRKM6G1442P...	04/11/1967	Female	2905	15/11/2016
CL0015	PHN999:NFP02	B94PBNCCHKPQG9V7...	01/01/1993	Female	2905	02/12/2016
CL0020	PHN999:NFP02	86MXGSSQZSFK8TW...	07/04/1983	Other	2905	27/01/2017
CL0021	PHN999:NFP02	BXEJ336F6WX2XBZBR...	01/04/2009	Not stated/Inadequat...	2902	19/11/2016

You can clear the search results and start a new search by clicking on the blue 'Edit Search' button.

### 1.6.1.3. Viewing a Client's details

You can view a client's details through the [Client Search Results](#) available on the Data Entry tab, by following these steps:

1. Create [Client Search Results](#).
2. Click on the Client Key in blue displayed within the table list.
3. This is the Client's summary view, with summary details along with a snapshot of the five most recent episodes.

## Client "CL0001" at PHN "Test PHN", Provider Organisation "Test PO 1"

Summary Details Episodes (2)

[View Summary](#)

**Client Key**

CL0001

**Gender**

Female

**Date Of Birth**

17/02/1983

CL0001-E01

Suicide Referral

**Start Date:** 13/02/2016

**Episode Concluded:** Yes

**Last Service Contact:** 05/04/2016

**Number of service contacts:** 4

**Principal Focus of Treatment Plan:** Low intensity psychological intervention

**Outcome Measure Summary**

Episode start

Review

Episode end

CL0001-E02

**Start Date:** 21/07/2016

**Episode Concluded:** No

**Last Service Contact:** 21/07/2016

**Number of service contacts:** 1

**Principal Focus of Treatment Plan:** Psychological therapy

**Outcome Measure Summary**

Episode start

Review

Episode end

- Click Details tab for more information on the Client.

A page will display the Client's details as recorded via the [Client Data Elements](#).

## Client "CL0001" at PHN "Test PHN", Provider Organisation "Test PO 1"

Summary    **Details**    Episodes (2)

[View Details](#)    [Edit Details](#)     [Delete](#)

<b>Organisation Path</b> PHN999:NFP01	<b>Client Key</b> CL0001
<b>Date of Birth</b> 17/02/1983	<b>Estimated Date of Birth Flag</b> Date of birth is accurate
<b>Gender</b> Female	<b>Statistical Linkage Key</b> Z4H4TBAEASY0T27J0GMX3P2N4C3BCYSN
<b>Aboriginal and Torres Strait Islander Status</b> Aboriginal but not Torres Strait Islander origin	<b>Country of Birth</b> Australia
<b>Main Language Spoken at Home</b> English	<b>Proficiency in Spoken English</b> Not applicable (persons under 5 years of age or who speak only English)
<b>Tags</b> tag1	

### 1.6.1.4. Editing a Client

You can edit a clients's details through the [Client Search Results](#) available on the Data Entry tab, by following these steps:

1. Create [Client Search Results](#).
2. From the Client Search table, click the Client Key.
3. Click Details tab, to view Client's details.
4. Click Edit Details tab.
5. Update the Client's details. Mandatory fields are marked with an \* . ([Specification Client Data Elements](#))

*Please note: You can edit the Client Key from this screen. See [Editing a Client Key](#).*

Home / Data Entry / Clients / CL0001@PHN999:NFP01 / Edit Client Details

## Client "CL0001" at PHN "Test PHN", Provider Organisation "Test PO 1"

Summary    **Details**    Episodes (2)

View Details    Edit Details

<b>Organisation Path</b> PHN999:NFP01	<b>Client Key</b> CL0001	<a href="#">Edit Key</a>
<b>Date of Birth *</b> 17/02/1983	<b>Estimated Date of Birth Flag *</b> Date of birth is accurate	
<b>Gender *</b> Female		
<b>Statistical Linkage Key *</b> Enter SLK <a href="#">Generate SLK</a>	SLK Z4H4TBAEASY0T27J0GMX3P2N4C3BCYSN	
<b>Aboriginal and Torres Strait Islander Status *</b> Aboriginal but not Torres Strait Islander origin	<b>Country of Birth *</b> Australia	
<b>Main Language Spoken at Home *</b> English	<b>Proficiency in Spoken English *</b> Not applicable (persons under 5 years of age or who speak only English)	
<b>Tags</b> tag1		
<b>Save</b>		

*Please note: If you edit the 'Date of Birth' or 'Gender' you will be required to update the 'Statistical Linkage Key' field. You can choose to 'Enter' or 'Generate' a Client's SLK. The SLK is generated on your device, the names used are not stored or transmitted over the network.*

**Statistical Linkage Key \***

Enter SLK    [Generate SLK](#)

<b>First Name</b> <input type="text"/>	<b>Last Name</b> <input type="text"/>	<b>Generate</b>
---	--	-----------------

The SLK is generated on your device, the names used to construct it are not stored or transmitted over the network.  
[View Documentation.](#)

Values that are used to generate an SLK have changed, please regenerate or re-enter this client's SLK. The old SLK was 'Z4H4TBAEASY0T27J0GMX3P2N4C3BCYSN'.

6. Click the blue 'Save' button. (If you decide not to save changes, you can simply navigate away from this screen)

You will receive confirmation that the Client's details have been saved, and it will now be displaying these new details in the Clients View Details tab.

Saved successfully



If you receive an error message, the data will need to be corrected before the record is saved and added to the PMHC MDS. See Validation Rules - [2. Client](#)

#### 1.6.1.4.1. Editing a Client Key

You can edit a clients's identification key through [Editing a Client](#) available on the Data Entry tab, by following these steps:

1. In step five when [Editing a Client](#).
2. From the Client Edit Details tab, click the 'Edit Key' button.

The screenshot shows a client editing interface. On the left, there are fields for 'Organisation Path' (PHN999:NFP01), 'Date of Birth \*' (17/02/1983), 'Gender \*' (Female), and 'Statistical Linkage Key \*' (with 'Enter SLK' and 'Generate SLK' buttons). A central modal window titled 'Edit Key' is open, containing 'Old Client Key' (CL0001) and 'New Client Key' (empty field) fields, with a 'Next' button at the bottom.

3. Type in the new client key and click 'Next'.
4. Double check the new key is correct and click save. (If it is incorrect, click back to re-enter the key or click the 'cross' in the top right to cancel this key change request)

You will receive confirmation that the Client's key has been saved, and the screen will now be displaying the updated client key details in the Clients View Details tab.

Successfully updated client's key as CL00001



#### 1.6.1.5. Adding a New Client

You can add a clients through the [Client Search Results](#) available on the Data Entry tab, by following these steps:

1. Create [Client Search Results](#)
2. Firstly double check the client is not already added.
3. Click the blue 'Add New Client' button.
4. Choose the Provider Organisation from the drop down list.
5. Enter the Client's details. Mandatory fields are marked with an \* . (Specification [Client Data Elements](#))

*Please note: With the 'Statistical Linkage Key' field you can choose to 'Enter' or 'Generate' a Client's SLK. The SLK is generated on your device, the names used are not stored or transmitted over the network.*

**Statistical Linkage Key \***

Enter SLK   Generate SLK

**First Name**  **Last Name**

**Generate**

The SLK is generated on your device, the names used to construct it are not stored or transmitted over the network.  
[View Documentation.](#)

6. Click the blue 'Save' button. (If you decide not to add this client, you can simply navigate away from this screen)

Home / Data Entry / Clients / Add New Client

## Data Entry

Users with the Data Entry role can use this tab to add, view and edit client records.

**Support:** For more information and assistance visit [PMHC MDS Documentation](#). (link opens in a new window)

Clients   Practitioners

[View Clients](#)   [Add New Client](#)

**Organisation Path \***

**Client Key \***

**Date of Birth \***  

**Estimated Date of Birth Flag \***

**Gender \***

**Statistical Linkage Key \***

Enter SLK   Generate SLK

**SLK**

**Aboriginal and Torres Strait Islander Status \***

**Country of Birth \***

**Main Language Spoken at Home \***

**Proficiency in Spoken English \***

**Tags**

**Save**

You will receive confirmation that the Client has been saved, and it will now be displaying the client's saved information in the Clients View Details tab.

Saved successfully



If you receive an error message, the data will need to be corrected before the record is saved and added to the PMHC MDS. See Validation Rules - [2. Client](#)

#### 1.6.1.6. Deleting a Client

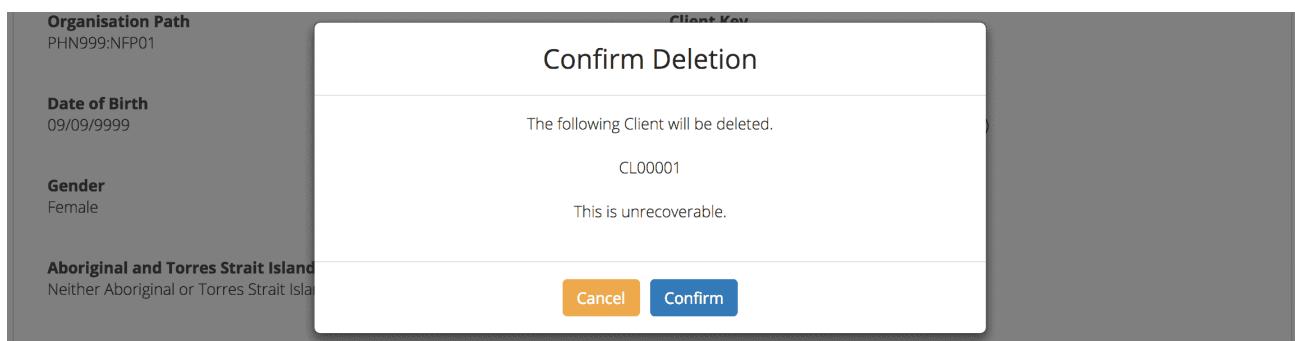
You can delete a client through '[Viewing a Client's details](#)' available on the Data Entry tab, by following these steps:

1. [Search](#) for the client.
2. From the [Client Search Results](#) table, click the Client Key.
3. Click Details tab, to [view Client's details](#).
4. Click the red 'Delete' button.
5. You will either be displayed a '[Confirm Delete](#)' screen or a '[Cannot Delete](#)' screen.

##### 1.6.1.6.1. Confirm Delete

**Please note: Once the client is deleted, you will not be able to recover this client data.**

1. Click the blue 'Confirm' button to delete this client. (or click the orange 'Cancel' button if you decide not to delete this client data)



After you click 'Confirm', you will receive confirmation that the Client has been deleted, and you will be redirected to the [Client Search Results](#) where the client will no longer be displayed.

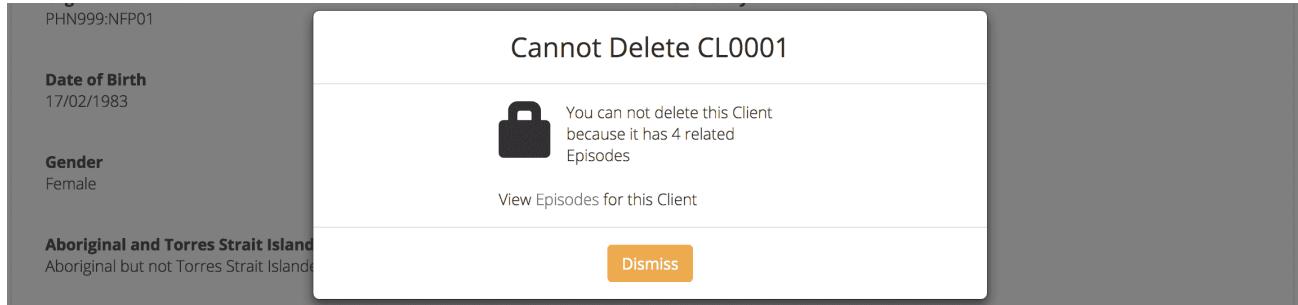
CL00001 successfully deleted



### **1.6.1.6.2. Cannot Delete**

If the client you are trying to delete has any dependant records, you will not be able to proceed with deleting this client until all the related records have been deleted.

1. You can click on the link provided to View the Client's Episodes, or click the orange 'Dismiss' button



See [Deleting an Episode](#)

## **1.6.2. Episodes**

### **1.6.2.1. Viewing a Client's Episodes**

You can view a clients's episodes through the [Viewing a Client's details](#) available on the Data Entry tab, by following these steps:

1. Once [Viewing a Client's details](#)
2. From the Client's Summary tab, you can shortcut straight to an episode by clicking the Blue Episode Key displayed in the snapshot of the five most recent episodes.

## Client "CL0001" at PHN "Test PHN", Provider Organisation "Test PO 1"

Summary Details Episodes (2)

View Summary

**Client Key**

CL0001

**Gender**

Female

**Date Of Birth**

17/02/1983

CL0001-E01

**Suicide Referral** !**Start Date:** 13/02/2016**Episode Concluded:** Yes**Last Service Contact:** 05/04/2016**Number of service contacts:** 4**Principal Focus of Treatment Plan:** Low intensity psychological intervention**Outcome Measure Summary** Episode start Review Episode end

CL0001-E02

**Start Date:** 21/07/2016**Episode Concluded:** No**Last Service Contact:** 21/07/2016**Number of service contacts:** 1**Principal Focus of Treatment Plan:** Psychological therapy**Outcome Measure Summary** Episode start Review Episode end

3. Alternately, if you would like to view all episodes you can click on the Episode Tab. The heading for this tab displays in brackets the total number of episodes recorded in the PMHC MDS for this client at Provider Organisations for which you have access.

A table will display all the Client's Episodes at Provider Organisations for which you have access.

## Client "CL0001" at PHN "Test PHN", Provider Organisation "Test PO 1"

Summary Details Episodes (2)

View Episodes Add New Episode

All Episodes

Suicide Referral	Episode Key	Start Date	End Date	Completion Status	Principal Focus	Number of Servic...	Date of Last Ser...
!	CL0001-E01	13/02/2016	18/06/2016	Episode closed ad...	Low intensity psych...	4	05/04/2016
	CL0001-E02	21/07/2016		Episode open	Psychological ther...	1	21/07/2016

A Drop down list is available to view:

- All Episodes
- Currently Open Episodes
- Closed Episodes

Summary Details Episodes (2)

View Episodes Add New Episode

✓ All Episodes  
Currently Open Episodes  
Closed Episodes

!	CL0001-E01	13/02/2016	18/06/2016	Episode closed ad...	Low intensity psyc...	4		05/04/2016
	CL0001-E02	21/07/2016		Episode open	Psychological ther...	1		21/07/2016

4. To view the Client's Episode details, click the Blue Episode Key.

Client "CL0001" at PHN "Test PHN", Provider Organisation "Test PO 1"

## Episode starting 13/02/2016

Details	Collection Occasions (3)	Service Contacts (4)
<b>Suicide Referral</b> !		
<a href="#">View Details</a> <a href="#">Edit Details</a>		<a href="#"> Delete</a>
<b>Organisation Path</b> PHN999:NFP01	<b>Episode Key</b> CL0001-E01	
<b>Client Key</b> CL0001	<b>End Date</b> 18/06/2016	
<b>Client Consent to Anonymised Data</b> Yes	<b>Completion Status</b> Episode closed administratively - client moved out of area	
<b>Referral Date</b> 12/02/2016	<b>Principal Focus of Treatment Plan</b> Low intensity psychological intervention	
<b>GP Mental Health Treatment Plan Flag</b> Yes	<b>Homelessness Flag</b> Sleeping rough or in non-conventional accommodation	
<b>Area of usual residence, postcode</b> 2101	<b>Labour Force Status</b> Unemployed	
<b>Employment Participation</b> Not applicable - not in the labour force	<b>Source of Cash Income</b> Other pension or benefit (not superannuation)	
<b>Health Care Card</b> Yes	<b>NDIS Participant</b> No	
<b>Marital Status</b> Never married	<b>Suicide Referral Flag</b> Yes	
<b>Principal Diagnosis</b> Acute stress disorder	<b>Additional Diagnosis</b> Mixed anxiety and depressive symptoms	
<b>Medication Antipsychotics (N05A)</b> No	<b>Medication Anxiolytics (N05B)</b> No	
<b>Medication Hypnotics and sedatives (N05C)</b> No	<b>Medication Antidepressants (N06A)</b> No	
<b>Medication Psychostimulants and nootropics (N06B)</b> No	<b>Referrer Profession</b> Psychiatrist	
<b>Referrer Organisation Type</b> General Practice	<b>Tags</b> tag3	

A page will display the Client's Episode details as recorded via the [Episode Data Elements](#).

### 1.6.2.2. Editing a Client's Episode data

You can edit a Client's Episode details through the [Viewing a Client's details](#) available on the Data Entry tab, by following these steps:

- Once [Viewing a Client's Episodes](#).
- From the Client's Episode table, click the Episode Key.

3. Click Edit Details tab.
4. Update the Client's Episode details. Mandatory fields are marked with an \* . (Specification [Episode Data Elements](#))

*Please note: You can edit the Episode Key from this screen. See [Editing a Episode Key](#).*

Home / Data Entry / Clients / CL0001@PHN999:NFP01 / Client Episodes / CL0001-E01 / Edit Details

Client "CL0001" at PHN "Test PHN", Provider Organisation "Test PO 1"

### Episode starting 13/02/2016

Details    Collection Occasions (3)    Service Contacts (4)

**Suicide Referral !**

View Details		Edit Details
<b>Organisation Path</b>	PHN999:NFP01	
<b>Client Key</b>	CL0001	
<b>Client Consent to Anonymised Data *</b>	Yes	
<b>Referral Date</b>	12/02/2016	
<b>GP Mental Health Treatment Plan Flag *</b>	Yes	
<b>Area of usual residence, postcode *</b>	2101	
<b>Employment Participation *</b>	Not applicable - not in the labour force	
<b>Health Care Card *</b>	Yes	
<b>Marital Status *</b>	Never married	
<b>Principal Diagnosis *</b>	107 - Acute stress disorder	
<b>Medication Antipsychotics (N05A) *</b>	No	
<b>Medication Hypnotics and sedatives (N05C) *</b>	No	
<b>Medication Psychostimulants and nootropics (N06B) *</b>	No	
<b>Referrer Organisation Type *</b>	General Practice	
<b>Episode Key</b>	<a href="#">Edit Key</a> CL0001-E01	
<b>End Date</b>	18/06/2016	
<b>Completion Status</b>	Episode closed administratively - client moved out of area	
<b>Principal Focus of Treatment Plan *</b>	Low intensity psychological intervention	
<b>Homelessness Flag *</b>	Sleeping rough or in non-conventional accommodation	
<b>Labour Force Status *</b>	Unemployed	
<b>Source of Cash Income *</b>	Other pension or benefit (not superannuation)	
<b>NDIS Participant *</b>	No	
<b>Suicide Referral Flag *</b>	Yes	
<b>Additional Diagnosis *</b>	903 - Mixed anxiety and depressive symptoms	
<b>Medication Anxiolytics (N05B) *</b>	No	
<b>Medication Antidepressants (N06A) *</b>	No	
<b>Referrer Profession *</b>	Psychiatrist	
<b>Tags</b>	tag3	
<input type="button" value="Save"/>		

5. Click the blue 'Save' button. (If you decide not to save changes, you can simply navigate away from this screen)

You will receive confirmation that the Client's Episode details have been saved, and it will now be displaying these new details in the Episode View Details tab.

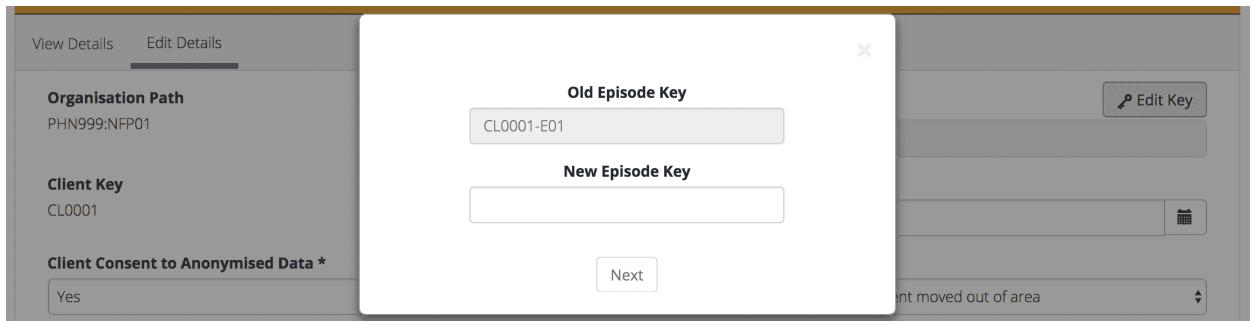


If you receive an error message, the data will need to be corrected before the record is saved and added to the PMHC MDS. See Validation Rules - Episode [3. Episode](#)

#### 1.6.2.2.1. Editing a Episode Key

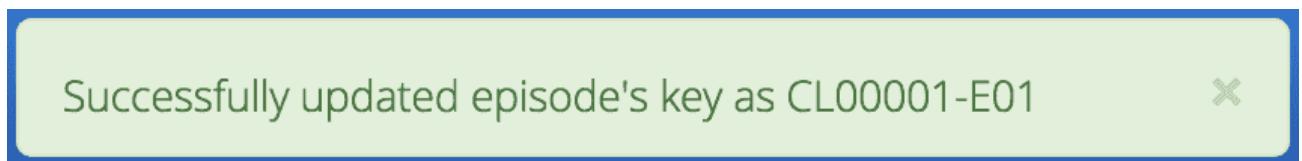
You can edit an episode's identification key through [Viewing a Client's Episodes](#) available on the Data Entry tab, by following these steps:

1. In step five when [Editing a Client's Episode data](#).
2. From the Episode Edit Details tab, click the 'Edit Key' button.



3. Type in the new episode key and click 'Next'.
4. Double check the new key is correct and click save. (If it is incorrect, click back to re-enter the key or click the 'cross' in the top right to cancel this key change request)

You will receive confirmation that the Episode's key has been saved, and the screen will now be displaying the updated episode key details in the Episodes View Details tab.



#### 1.6.2.3. Adding a Client's Episode data

You can add a clients through the [Viewing a Client's details](#) available on the Data Entry tab, by following these steps:

1. Once [Viewing a Client's Episodes](#).

2. Firstly double check the client does not have any open episode already showing. (A client can only have one open episode at a provider organisation. [Episode](#))
3. Click the Add Episode tab.
4. Enter the Client's Episode details. Mandatory fields are marked with an \* . (Specification [Episode Data Elements](#))

## Client "CL0001" at PHN "Test PHN", Provider Organisation "Test PO 1"

Summary    Details    **Episodes (2)**

[View Episodes](#)    [Add New Episode](#)

<b>Organisation Path</b> PHN999:NFP01	<b>Episode Key *</b> <input type="text"/>
<b>End Date</b> <input type="text"/>	<b>Client Consent to Anonymised Data *</b> <input type="text"/>
<b>Completion Status</b> <input type="text"/>	<b>Referral Date</b> <input type="text"/>
<b>Principal Focus of Treatment Plan *</b> <input type="text"/>	<b>GP Mental Health Treatment Plan Flag *</b> <input type="text"/>
<b>Homelessness Flag *</b> <input type="text"/>	<b>Area of usual residence, postcode *</b> <input type="text"/>
<b>Labour Force Status *</b> <input type="text"/>	<b>Employment Participation *</b> <input type="text"/>
<b>Source of Cash Income *</b> <input type="text"/>	<b>Health Care Card *</b> <input type="text"/>
<b>NDIS Participant *</b> <input type="text"/>	<b>Marital Status *</b> <input type="text"/>
<b>Suicide Referral Flag *</b> <input type="text"/>	<b>Principal Diagnosis *</b> <input type="text"/>
<b>Additional Diagnosis *</b> <input type="text"/>	<b>Medication Antipsychotics (N05A) *</b> <input type="text"/>
<b>Medication Anxiolytics (N05B) *</b> <input type="text"/>	<b>Medication Hypnotics and sedatives (N05C) *</b> <input type="text"/>
<b>Medication Antidepressants (N06A) *</b> <input type="text"/>	<b>Medication Psychostimulants and nootropics (N06B) *</b> <input type="text"/>
<b>Referrer Profession *</b> <input type="text"/>	<b>Referrer Organisation Type *</b> <input type="text"/>
<b>Tags</b> <input type="text"/>	
<b>Save</b>	

5. Click the blue 'Save' button. (If you decide not to add this client's episode, you can simply navigate away from this screen)

You will receive confirmation that the Client's Episode details have been added, and it will now be displaying these new details in the Episode View Details tab.



If you receive an error message, the data will need to be corrected before the record is saved and added to the PMHC MDS. See Validation Rules - [3. Episode](#)

#### **1.6.2.4. Closing a Client's Episode**

You can close a Client's Episode details through the [Viewing a Client's details](#) available on the Data Entry tab, by following these steps:

1. Once [Viewing a Client's Episodes](#).
2. From the Client's Episode table, click the Episode Key of the open episode.
3. Click Edit Details tab.
4. Update the Client's Episode details, by entering an 'End Date' and 'Completion Status'. ([Specification Episode Data Elements](#))

Client "CL0001" at PHN "Test PHN", Provider Organisation "Test PO 1"

## Episode starting 13/02/2016

Details    Collection Occasions (3)    Service Contacts (4)

### Suicide Referral !

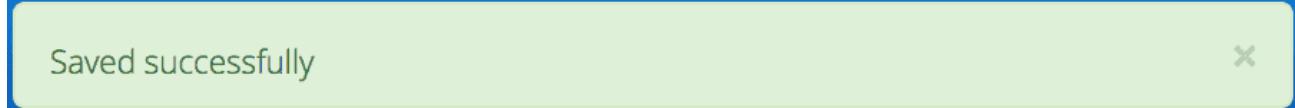
[View Details](#)    [Edit Details](#)

<b>Organisation Path</b> PHN999:NFP01	<b>Episode Key</b> <a href="#">Edit Key</a> CL0001-E01
<b>Client Key</b> CL0001	<b>End Date</b> 18/06/2016
<b>Client Consent to Anonymised Data *</b> Yes	<b>Completion Status</b> Episode closed administratively - client moved out of area
<b>Referral Date</b> 12/02/2016	<b>Principal Focus of Treatment Plan *</b> Low intensity psychological intervention
<b>GP Mental Health Treatment Plan Flag *</b> Yes	<b>Homelessness Flag *</b> Sleeping rough or in non-conventional accommodation
<b>Area of usual residence, postcode *</b> 2101	<b>Labour Force Status *</b> Unemployed
<b>Employment Participation *</b> Not applicable - not in the labour force	<b>Source of Cash Income *</b> Other pension or benefit (not superannuation)
<b>Health Care Card *</b> Yes	<b>NDIS Participant *</b> No
<b>Marital Status *</b> Never married	<b>Suicide Referral Flag *</b> Yes
<b>Principal Diagnosis *</b> 107 - Acute stress disorder	<b>Additional Diagnosis *</b> 903 - Mixed anxiety and depressive symptoms
<b>Medication Antipsychotics (N05A) *</b> No	<b>Medication Anxiolytics (N05B) *</b> No
<b>Medication Hypnotics and sedatives (N05C) *</b> No	<b>Medication Antidepressants (N06A) *</b> No
<b>Medication Psychostimulants and nootropics (N06B) *</b> No	<b>Referrer Profession *</b> Psychiatrist
<b>Referrer Organisation Type *</b> General Practice	<b>Tags</b> tag3

[Save](#)

5. Click the blue 'Save' button. (If you decide not to save changes, you can simply navigate away from this screen)

You will receive confirmation that the Client's Episode details have been saved, and it will now be displaying these new details in the Episode View Details tab.



If you receive an error message, the data will need to be corrected before the record is saved and added to the PMHC MDS. See Validation Rules - Episode [3. Episode](#)

### 1.6.2.5. Deleting an Episode

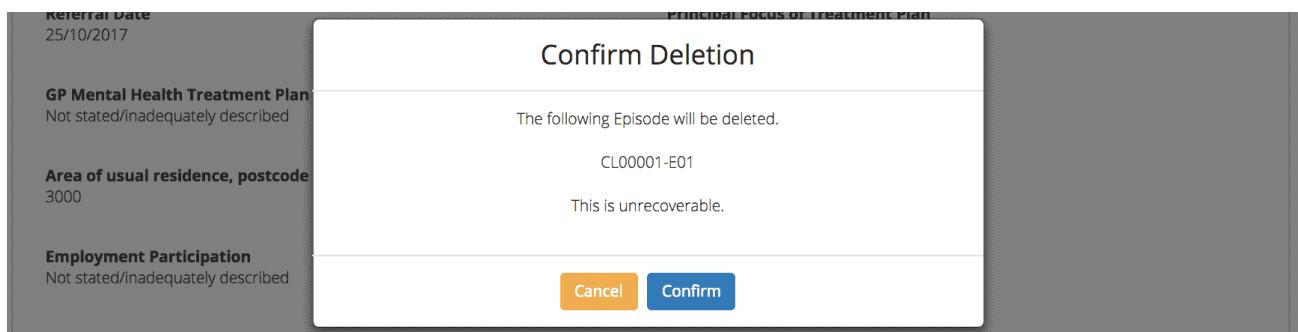
You can delete a Client's Episode through '[Viewing a Client's Episodes](#)' available on the Data Entry tab, by following these steps:

1. [Search](#) for the client.
2. From the [Client Search Results](#) table, click the Client Key.
3. Click Episodes tab, to [view Client's Episodes](#).
4. From the [View Episodes](#) table, click the Episode Key.
5. Click the red 'Delete' button.
6. You will either be displayed a '[Confirm Delete](#)' screen or a '[Cannot Delete](#)' screen.

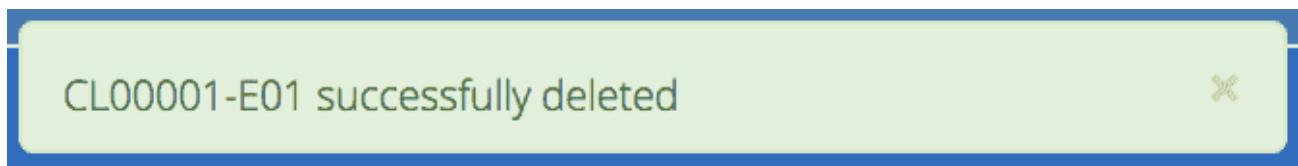
#### 1.6.2.5.1. Confirm Delete

Please note: Once the episode is deleted, you will not be able to recover this episode data.

1. Click the blue 'Confirm' button to delete this episode. (or click the orange 'Cancel' button if you decide not to delete this episode data)



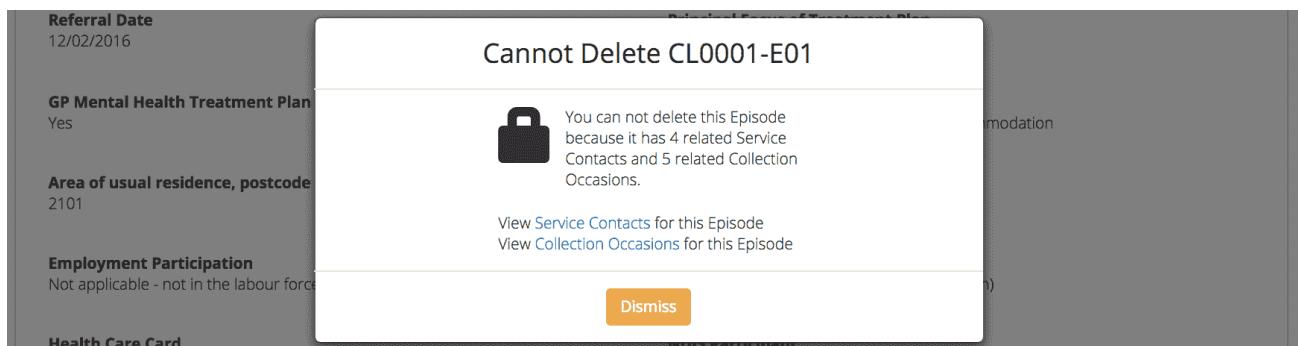
After you click 'Confirm', you will receive confirmation that the episode has been deleted, and you will be redirected to the [View Episodes](#) where the episode will no longer be displayed.



#### 1.6.2.5.2. Cannot Delete

If the episode you are trying to delete has any dependant records, you will not be able to proceed with deleting this episode until all the related records have been deleted.

1. You can click on the link provided to View the Client's Service Contacts and collection Occasions, or click the orange 'Dismiss' button



See [Deleting an Service Contact](#) and [Deleting an Outcome Collection Occasion](#)

### 1.6.3. Service Contacts

#### 1.6.3.1. Viewing a Client's Service Contacts for an Episode

You can view a client's service contacts through the [Viewing a Client's Episodes](#) available on the Data Entry tab, by following these steps:

1. Once [Viewing a Client's Episodes](#)
2. From the Client's Episode Details tab, click the Service Contacts Tab. The heading for this tab displays in brackets the total number of service contacts recorded in the PMHC MDS for this episode.

A table will display all the Service Contacts linked to this Client's Episode.

The screenshot shows a navigation path: Home / Data Entry / Clients / CL0001@PHN999:NFP01 / Client Episodes / CL0001-E01 / Service Contacts / View Service Contacts. Below this, a message states: "Client "CL0001" at PHN "Test PHN", Provider Organisation "Test Provider Organisation NFP1""

**Episode starting 13/02/2016**

Details	Collection Occasions (3)	Service Contacts (4)	
<a href="#">View Service Contacts</a> <a href="#">Add New Service Contact</a> <a href="#">Filters</a>			
Service Contact Key	Practitioner Key	Service Contact Date	No Show
CL0001-E01-SC01	P01	13/02/2016	Yes
CL0001-E01-SC02	P01	18/03/2016	No
CL0001-E01-SC03	P01	29/03/2016	Yes
CL0001-E01-SC04	P01	05/04/2016	No

3. To view the Service Contacts details, click the Blue Service Contact Key.

Client "CL0001" at PHN "Test PHN", Provider Organisation "Test PO 1"

Episode starting 13/02/2016

## Service Contact on 13/02/2016

Details	
<a href="#">View Details</a> <a href="#">Edit Details</a> <span style="float: right;"><span style="color: red;">Delete</span></span>	
<b>Organisation Path</b> PHN999:NFP01	<b>Service Contact Key</b> CL0001-E01-SC01
<b>Episode Key</b> CL0001-E01	<b>Practitioner Key</b> P01
<b>Date</b> 13/02/2016	<b>Type</b> Assessment
<b>Postcode</b> 1101	<b>Modality</b> Face to Face
<b>Participants</b> Individual client	<b>Venue</b> Client's Home
<b>Duration</b> 16-30 mins	<b>Copayment</b> 0.00
<b>Client Participation Indicator</b> Yes	<b>Interpreter Used</b> No
<b>No Show</b> Yes	<b>Final</b> Further services are planned for the client in the current episode
<b>Tags</b>	

A page will display the Service Contacts details as recorded via the [Service Contact Data Elements](#).

### 1.6.3.2. Editing a Client's Service Contacts for an Episode

You can edit a client's service contacts through the [Viewing a Client's Episodes](#) available on the Data Entry tab, by following these steps:

1. Once [Viewing a Client's Service Contacts for an Episode](#).
2. From the Service Contacts table, click the Service Contact Key.
3. Click Edit Service Contact tab.
4. Update the Client's Service Contact details for that service-contact. Mandatory fields are marked with an \* .  
(Specification [Service Contact Data Elements](#))

*Please note: You can edit the Service Contact Key from this screen. See [Editing a Service Contact Key](#).*

Client "CL0001" at PHN "Test PHN", Provider Organisation "Not for Profit 1"

Episode starting 13/02/2016

## ?

 Service Contact on 13/02/2016

Details

View Details Edit Details

Tags

Add a tag

Organisation Path	Service Contact Key
PHN999:NFP01	<input type="button" value="Edit Key"/>
Episode Key	CL0001-E01-SC01
CL0001-E01	<input type="checkbox"/> Include inactive practitioners
Date *	Type *
13/02/2016	Assessment
Postcode *	Modality *
1101	Face to Face
Participants *	Venue *
Individual client	Client's Home
Duration *	Copayment *
16-30 mins	0.00
Client Participation Indicator *	Interpreter Used *
Yes	No
No Show *	Final *
Yes	Further services are planned for the client in the current episode

5. Click the blue 'Save' button. (If you decide not to save changes, you can simply navigate away from this screen)

You will receive confirmation that the Client's service contact details have been saved, and it will now be displaying these new details in the View service Contact Details tab.



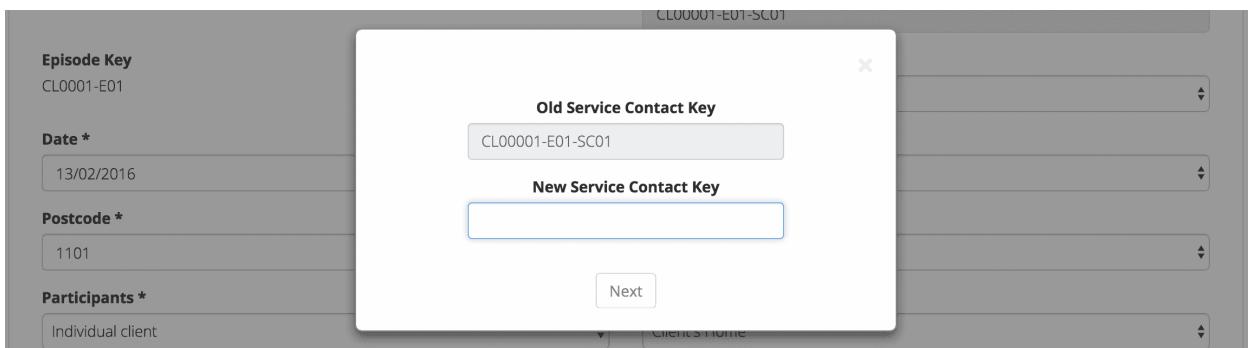
If you receive an error message, the data will need to be corrected before the record is saved and added to the PMHC MDS. See Validation Rules - [4. Service Contact](#)

### 1.6.3.2.1. Editing a Service Contact Key

You can edit an service contact's identification key through [Viewing a Client's Episodes](#) available on the Data Entry tab, by following these steps:

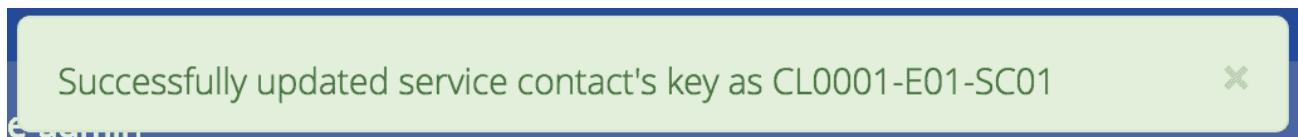
1. In step five when [Editing a Client's Service Contacts for an Episode](#).

- From the Service Contact Edit Details tab, click the 'Edit Key' button.



- Type in the new service contact key and click 'Next'.
- Double check the new key is correct and click save. (If it is incorrect, click back to re-enter the key or click the 'cross' in the top right to cancel this key change request)

You will receive confirmation that the Service Contact's key has been saved, and the screen will now be displaying the updated service contact key details in the Service Contacts View Details tab.



### 1.6.3.3. Adding a Client's Service Contact data

You can add a client's service contacts through the [Viewing a Client's Episodes](#) available on the Data Entry tab, by following these steps:

- Once [Viewing a Client's Service Contacts for an Episode](#).
- Firstly double check the service contact is not already showing.
- Click the Add Service Contact tab.
- Enter the Client's Service Contact details for that episode. Mandatory fields are marked with an \* .  
[\(Specification Service Contact Data Elements\)](#)

Client "CL0001" at PHN "Test PHN", Provider Organisation "Not for Profit 1"

## ?

 Episode starting 13/02/2016

Details    Collection Occasions (3)    Service Contacts (4)

[View Service Contacts](#)    [Add New Service Contact](#)    [Service Contact](#)

**Tags**  
Add a tag

**Organisation Path**  
PHN999:NFP01

**Episode Key**  
CL0001-E01

**Date \***

**Postcode \***

**Participants \***

**Duration \***

**Client Participation Indicator \***

**No Show \***

**Service Contact Key \***

**Practitioner Key \***  
  Include inactive practitioners

**Type \***

**Modality \***

**Venue \***

**Copayment \***

**Interpreter Used \***

**Final \***

**Save**

- Click the blue 'Save' button. (If you decide not to add this client's episode, you can simply navigate away from this screen)

You will receive confirmation that the Client's service contact details have been added, and it will now be displaying these new details in the View service Contact Details tab.



If you receive an error message, the data will need to be corrected before the record is saved and added to the PMHC MDS. See Validation Rules - [4. Service Contact](#)

### 1.6.3.4. Deleting an Service Contact

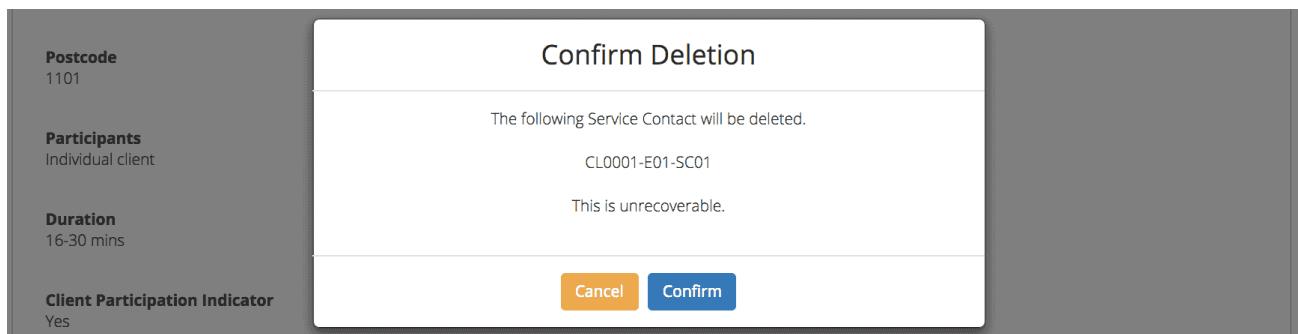
You can delete a client's service contacts through '[Viewing a Client's Service Contacts for an Episode](#)' available on the Data Entry tab, by following these steps:

- Search for the client.

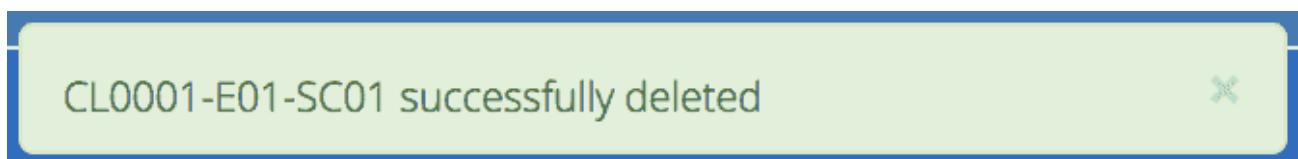
2. From the [Client Search Results](#) table, click the Client Key.
3. Click Episodes tab, to [view Client's Episodes](#).
4. From the [View Episodes](#) table, click the Episode Key.
5. Click Service Contacts tab, to [View Client's Service Contacts](#).
6. From the [View service contact](#) table, click the Service Contact Key.
7. Click the red 'Delete' button.
8. You will be displayed a 'Confirm Deletion' screen.

**Please note:** Once the service contact is deleted, you will not be able to recover this service contact data.

9. Click the blue 'Confirm' button to delete this service contact. (or click the orange 'Cancel' button if you decide not to delete this service contact data)



After you click 'Confirm', you will receive confirmation that the service contact has been deleted, and you will be redirected to the [View Service Contacts](#) where the service contact will no longer be displayed.



## 1.6.4. Outcome Collection Occasions

### 1.6.4.1. Viewing a Client's Outcome Collection Occasions for an Episode

You can view a clients's outcome collection occasions through [Viewing a Client's Episodes](#) available on the Data Entry tab, by following these steps:

1. Once [Viewing the Client's Episode](#).
2. Click the Episode Collection Occasions Tab. This tab displays in brackets the total number of collection occasions recorded in the PMHC MDS for this episode.

A table will display all the Collection Occasions linked to this Client's Episode.

Client "CL0001" at PHN "Test PHN", Provider Organisation "Test PO 1"

## Episode starting 13/02/2016

Details

Collection Occasions (3)

Service Contacts (4)

[View Collection Occasions](#)

[Add New Collection Occasion](#)

 Filters

Collection Occasion Key	Measure Type	Measure Date	Reason
CL0001-E01-CO01	K10+	12/02/2016	Episode start
CL0001-E01-CO02	K10+	25/04/2016	Review
CL0001-E01-CO03	K10+	18/06/2016	Episode end

3. To view the Collection Occasions details, click the Blue Collection Occasions Key.

Client "CL0001" at PHN "Test PHN", Provider Organisation "Test PO 1"

Episode starting 13/02/2016

## K10+ Collection Occasion on 12/02/2016

Details

[View Details](#) [Edit Details](#)

 Delete

**Organisation Path**  
PHN999:NFP01

**Collection Occasion Key**  
CL0001-E01-C001

**Episode Key**  
CL0001-E01

**Measure Date**  
12/02/2016

**Reason**  
Episode start

**Tags**

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

**None of the time**  **A little of the time**  **Some of the time**  **Most of the time**  **All of the time**  **Not stated / Missing** 

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

**None of the time**  **A little of the time**  **Some of the time**  **Most of the time**  **All of the time**  **Not stated / Missing** 

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

**None of the time**  **A little of the time**  **Some of the time**  **Most of the time**  **All of the time**  **Not stated / Missing** 

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

**None of the time**  **A little of the time**  **Some of the time**  **Most of the time**  **All of the time**  **Not stated / Missing** 

5. In the last 4 weeks, about how often did you feel restless or fidgety?

**None of the time**  **A little of the time**  **Some of the time**  **Most of the time**  **All of the time**  **Not stated / Missing** 

6. In the last 4 weeks, about how often did you feel so restless you could not sit still?

**None of the time**  **A little of the time**  **Some of the time**  **Most of the time**  **All of the time**  **Not stated / Missing** 

7. In the last 4 weeks, about how often did you feel depressed?

**None of the time**  **A little of the time**  **Some of the time**  **Most of the time**  **All of the time**  **Not stated / Missing** 

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

**None of the time**  **A little of the time**  **Some of the time**  **Most of the time**  **All of the time**  **Not stated / Missing** 

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

**None of the time**  **A little of the time**  **Some of the time**  **Most of the time**  **All of the time**  **Not stated / Missing** 

10. In the last 4 weeks, about how often did you feel worthless?

**None of the time**  **A little of the time**  **Some of the time**  **Most of the time**  **All of the time**  **Not stated / Missing** 

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?

1

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?

28

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

3

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

**None of the time**  **A little of the time**  **Some of the time**  **Most of the time**  **All of the time**  **Not stated / Missing** 

A page will display the Collection Occasions details as recorded via the [Outcome Collection Occasion Data Elements](#).

#### 1.6.4.2. Editing a Client's Outcome Collection Occasions for an Episode

You can edit a client's Outcome Collection Occasions through [Viewing a Client's Outcome Collection Occasions for an Episode](#) available on the Data Entry tab, by following these steps:

1. Once [Viewing a Client's Outcome Collection Occasions for an Episode](#).
2. Click the Collection Occasions Key.
3. Click Edit Details tab.
4. Update the Client's Collection Occasions details. Mandatory fields are marked with an \*.(Specification [Collection Occasions Data Elements](#))

*Please note: You can edit the Collection Occasion Key from this screen. See [Editing a Collection Occasion Key](#).*

Home / Data Entry / Clients / CL0001@PHN999:NFP01 / Client Episodes / CL0001-E01 / Collection Occasions / CL0001-E01-CO01 / Edit Details

Client "CL0001" at PHN "Test PHN", Provider Organisation "Test PO 1"

Episode starting 13/02/2016

#### K10+ Collection Occasion on 12/02/2016

Details

[View Details](#) [Edit Details](#)

<b>Organisation Path</b> PHN999:NFP01	<b>Collection Occasion Key</b> <a href="#">Edit Key</a> CL0001-E01-CO01
<b>Episode Key</b> CL0001-E01	<b>Measure Date *</b> 12/02/2016 <a href="#">Calendar</a>
<b>Reason *</b> Episode start	<b>Tags</b> <input type="text"/>
1. In the last 4 weeks, about how often did you feel tired out for no good reason? *	
<a href="#">None of the time</a> <a href="#">A little of the time</a> <a href="#">Some of the time</a> <a href="#">Most of the time</a> <a href="#">All of the time</a> <a href="#">Not stated / Missing</a>	
2. In the last 4 weeks, about how often did you feel nervous? *	
<a href="#">None of the time</a> <a href="#">A little of the time</a> <a href="#">Some of the time</a> <a href="#">Most of the time</a> <a href="#">All of the time</a> <a href="#">Not stated / Missing</a>	
3. In the last 4 weeks, about how often did you feel so nervous that nothing could calm you down? *	
<a href="#">None of the time</a> <a href="#">A little of the time</a> <a href="#">Some of the time</a> <a href="#">Most of the time</a> <a href="#">All of the time</a> <a href="#">Not stated / Missing</a>	
4. In the last 4 weeks, about how often did you feel hopeless? *	
<a href="#">None of the time</a> <a href="#">A little of the time</a> <a href="#">Some of the time</a> <a href="#">Most of the time</a> <a href="#">All of the time</a> <a href="#">Not stated / Missing</a>	
5. In the last 4 weeks, about how often did you feel restless or fidgety? *	
<a href="#">None of the time</a> <a href="#">A little of the time</a> <a href="#">Some of the time</a> <a href="#">Most of the time</a> <a href="#">All of the time</a> <a href="#">Not stated / Missing</a>	

6. In the last 4 weeks, about how often did you feel so restless you could not sit still? \*

None of the time  A little of the time  Some of the time  Most of the time  All of the time  Not stated / Missing

7. In the last 4 weeks, about how often did you feel depressed? \*

None of the time  A little of the time  Some of the time  Most of the time  All of the time  Not stated / Missing

8. In the last 4 weeks, about how often did you feel that everything was an effort? \*

None of the time  A little of the time  Some of the time  Most of the time  All of the time  Not stated / Missing

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

None of the time  A little of the time  Some of the time  Most of the time  All of the time  Not stated / Missing

10. In the last 4 weeks, about how often did you feel worthless? \*

None of the time  A little of the time  Some of the time  Most of the time  All of the time  Not stated / Missing

**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?**

1

**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?**

28

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

3

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

None of the time  A little of the time  Some of the time  Most of the time  All of the time  Not stated / Missing

**Save**

5. Click the blue 'Save' button. (If you decide not to save changes, you can simply navigate away from this screen)

You will receive confirmation that the Client's Collection Occasions details have been saved, and it will now be displaying these new details in the View Collection Occasions Details tab.

Saved successfully

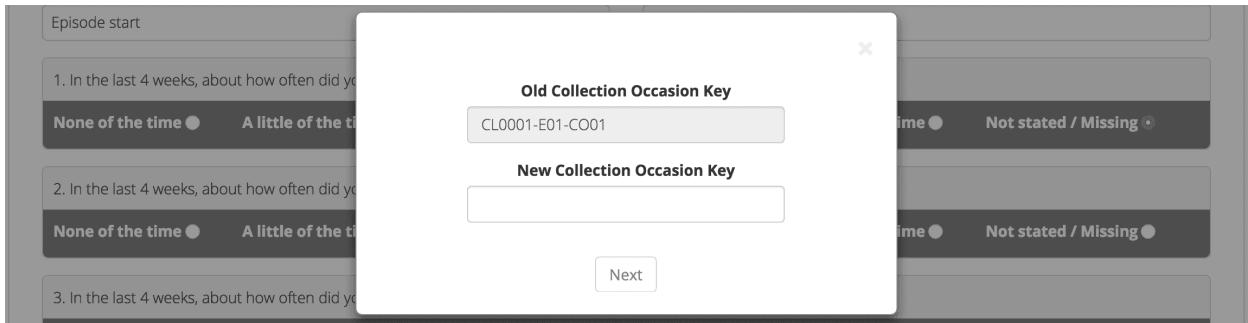


If you receive an error message, the data will need to be corrected before the record is saved and added to the PMHC MDS. See Validation Rules for: \* [5. K10+](#) \* [6. K5](#) \* [7. SDQ](#)

#### 1.6.4.2.1. Editing a Collection Occasion Key

You can edit an collection occasion's identification key through [Viewing a Client's Episodes](#) available on the Data Entry tab, by following these steps:

1. In step five when [Editing a Client's Outcome Collection Occasions for an Episode](#).
2. From the Collection Occasion Edit Details tab, click the 'Edit Key' button.



3. Type in the new collection occasion key and click 'Next'.
4. Double check the new key is correct and click save. (If it is incorrect, click back to re-enter the key or click the 'cross' in the top right to cancel this key change request)

You will receive confirmation that the Collection Occasion's key has been saved, and the screen will now be displaying the updated collection occasion key details in the Collection Occasions View Details tab.

Successfully updated collection occasion's key as CL0001-E01-CO01 ✖

#### 1.6.4.3. Adding a Client's Outcome Collection Occasions data

You can add a Client's Outcome Collection Occasions through [Viewing a Client's Outcome Collection Occasions for an Episode](#) available on the Data Entry tab, by following these steps:

1. Once [Viewing a Client's Outcome Collection Occasions for an Episode](#).
2. Firstly double check the Collection Occasions is not already showing.
3. Click the Add New Collection Occasion tab.
4. Select the Collection Occassion Measure, either K10+, K5 or SDQ. (The SDQ items scored will be added in the near future. See Development Release Schedule [Data Entry Interface](#))

Client "CL0001" at PHN "Test PHN", Provider Organisation "Test PO 1"

## Episode starting 13/02/2016

Details

Collection Occasions (3)

Service Contacts (4)

[View Collection Occasions](#)

[Add New Collection Occasion](#)

**Organisation Path**

PHN999:NFP01

**Episode Key**

CL0001-E01

**Reason \*****Collection Occasion Key \*** **Measure Date \*** **Tags****Add Collection Occasion****Select Outcome Measure**

[Save](#)

5. Select to enter the item scores or the total score. (Individual item scores will eventually be required and should be entered when available)

*Please note: The SDQ items scored will be added in the near future. See Development Release Schedule Data Entry Interface.*

Client "CL0001" at PHN "Test PHN", Provider Organisation "Test PO 1"

## Episode starting 13/02/2016

Details

Collection Occasions (3)

Service Contacts (4)

[View Collection Occasions](#)

[Add New Collection Occasion](#)

**Organisation Path**

PHN999:NFP01

**Episode Key**

CL0001-E01

**Reason \*****Collection Occasion Key \*** **Measure Date \*** **Tags****Add Collection Occasion**

[Back](#)

K10+

[Enter item scores](#) [Enter total score](#)

[Save](#)

6. Enter the Client's Collection Occasions details for that episode. Mandatory fields are marked with an \* .  
[\(Specification Collection Occasions Data Elements\)](#)

Client "CL0001" at PHN "Test PHN", Provider Organisation "Test PO 1"

## Episode starting 13/02/2016

[Details](#) [Collection Occasions \(3\)](#) [Service Contacts \(4\)](#)[View Collection Occasions](#) [Add New Collection Occasion](#)**Organisation Path**  
PHN999:NFP01**Episode Key**  
CL0001-E01**Reason \*****Collection Occasion Key \*****Measure Date \*****Tags****Add Collection Occasion**[Back](#) K10+

1. In the last 4 weeks, about how often did you feel tired out for no good reason? \*

[None of the time](#) [A little of the time](#) [Some of the time](#) [Most of the time](#) [All of the time](#) [Not stated / Missing](#)

2. In the last 4 weeks, about how often did you feel nervous? \*

[None of the time](#) [A little of the time](#) [Some of the time](#) [Most of the time](#) [All of the time](#) [Not stated / Missing](#)

3. In the last 4 weeks, about how often did you feel so nervous that nothing could calm you down? \*

[None of the time](#) [A little of the time](#) [Some of the time](#) [Most of the time](#) [All of the time](#) [Not stated / Missing](#)

4. In the last 4 weeks, about how often did you feel hopeless? \*

[None of the time](#) [A little of the time](#) [Some of the time](#) [Most of the time](#) [All of the time](#) [Not stated / Missing](#)

5. In the last 4 weeks, about how often did you feel restless or fidgety? \*

[None of the time](#) [A little of the time](#) [Some of the time](#) [Most of the time](#) [All of the time](#) [Not stated / Missing](#)

6. In the last 4 weeks, about how often did you feel so restless you could not sit still? \*

[None of the time](#) [A little of the time](#) [Some of the time](#) [Most of the time](#) [All of the time](#) [Not stated / Missing](#)

7. In the last 4 weeks, about how often did you feel depressed? \*

[None of the time](#) [A little of the time](#) [Some of the time](#) [Most of the time](#) [All of the time](#) [Not stated / Missing](#)

8. In the last 4 weeks, about how often did you feel that everything was an effort? \*

[None of the time](#) [A little of the time](#) [Some of the time](#) [Most of the time](#) [All of the time](#) [Not stated / Missing](#)

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

[None of the time](#) [A little of the time](#) [Some of the time](#) [Most of the time](#) [All of the time](#) [Not stated / Missing](#)

10. In the last 4 weeks, about how often did you feel worthless? \*

[None of the time](#) [A little of the time](#) [Some of the time](#) [Most of the time](#) [All of the time](#) [Not stated / Missing](#)

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?

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?

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

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

[None of the time](#) [A little of the time](#) [Some of the time](#) [Most of the time](#) [All of the time](#) [Not stated / Missing](#)

7. Click the blue 'Save' button. (If you decide not to add this client's episode, you can simply navigate away from this screen)

You will receive confirmation that the Client's Collection Occasions details have been added, and it will now be displaying these new details in the View Collection Occasions tab.



If you receive an error message, the data will need to be corrected before the record is saved and added to the PMHC MDS. See Validation Rules for: \* [5. K10+](#) \* [6. K5](#) \* [7. SDQ](#)

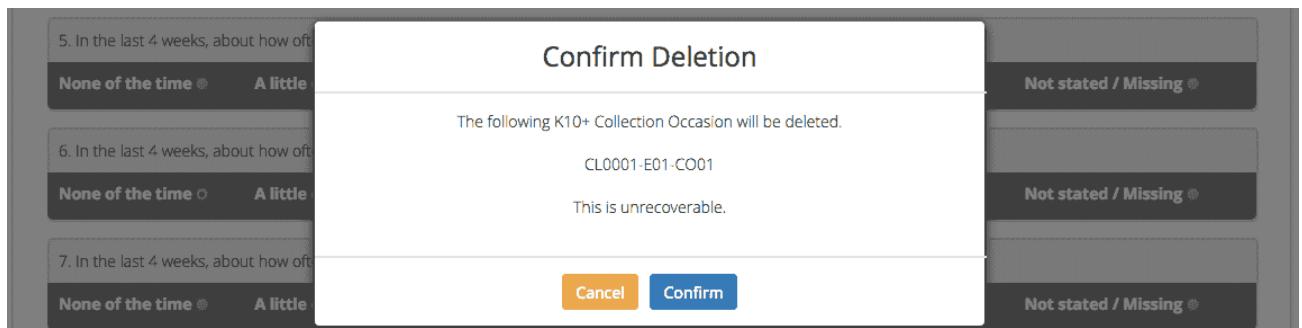
#### 1.6.4.4. Deleting an Outcome Collection Occasion

You can delete a Client's Outcome Collection Occasion through '[Viewing a Client's Outcome Collection Occasions for an Episode](#)' available on the Data Entry tab, by following these steps:

1. [Search](#) for the client.
2. From the [Client Search Results](#) table, click the Client Key.
3. Click Episodes tab, to [view Client's Episodes](#).
4. From the [View Episodes](#) table, click the Episode Key.
5. Click Collection Occasions tab, to [View Collection Occasions](#).
6. From the [View Collection Occasions](#) table, click the Collection Occasions Key.
7. Click the red 'Delete' button.
8. You will be displayed a 'Confirm Deletion' screen.

**Please note:** Once the collection occasion is deleted, you will not be able to recover this collection occasion data.

9. Click the blue 'Confirm' button to delete this collection occasion. (or click the orange 'Cancel' button if you decide not to delete this collection occasion data)



After you click 'Confirm', you will receive confirmation that the collection occasion has been deleted, and you will be redirected to the [View Collection Occasions](#) where the collection occasion will no longer be displayed.

CL0001-E01-CO01 successfully deleted



## 1.6.5. Practitioners

### 1.6.5.1. Finding a Practitioner

You can search for practitioners assigned to an organisation through the Data Entry tab, by following these steps:

1. Click on the Practitioners tab.

The screenshot shows the 'Practitioners' tab within the Data Entry section. At the top, there are navigation links: Home / Data Entry / Practitioners / View Practitioners. Below the tabs, there are buttons for 'View Practitioners' and 'Add New Practitioner'. A 'Filters' button is located in the top right corner of the main table area. The main table displays 16 rows of practitioner data, each with a blue key value. The columns are: Practitioner Key, Organisation Path, Category, Gender, Year of Birth, and Active. The data includes various roles like General Practitioner, Psychologist, and Social Worker, along with their corresponding gender and birth years.

Practitioner Key	Organisation Path	Category	Gender	Year of Birth	Active
P01	PHN999:NFP01	General Practitioner	Other	1975	Active
P02	PHN999:NFP01	General Psychologist	Female	1967	Active
P03	PHN999:NFP01	Other Medical	Male	1952	Active
P04	PHN999:NFP01	Not stated	Not stated/Inadeq...	1939	Inactive
PR000010	PHN999:NFP02	General Psychologist	Male	1951	Active
PR000011	PHN999:NFP02	Mental Health Nurse	Female	1950	Active
PR000012	PHN999:NFP02	General Psychologist	Male	1949	Active
PR000013	PHN999:NFP02	Social Worker	Female	1958	Active
PR000014	PHN999:NFP02	Social Worker	Female	1947	Active
PR000015	PHN999:NFP02	General Psychologist	Female	1950	Active
PR000016	PHN999:NFP02	General Psychologist	Female	1962	Active

### 1.6.5.2. Viewing a Practitioner

You can view a practitioner's details through [Finding a Practitioner](#) on the Data Entry tab, by following these steps:

1. Click on the [Practitioners](#) tab.
2. Click on the practitioner's key in blue displayed within the table list.

## Practitioner "P01" at PHN "Test PHN", Provider Organisation "Test PO 1"

Details

[View Details](#) [Edit Details](#) [Delete](#)

<b>Organisation Path</b> PHN999:NFP01	<b>Practitioner Key</b> P01
<b>Category</b> General Practitioner	<b>Active</b> Active
<b>Year of Birth</b> 1975	<b>Gender</b> Other
<b>Aboriginal and Torres Strait Islander Status</b> Aboriginal but not Torres Strait Islander origin	<b>ATSI Cultural Training</b> Yes
<b>Tags</b> tag1	

Please note: You can also view a practitioner's details through the 'Client Data' tab. See [Viewing a Practitioner Providing Client Services](#)

### 1.6.5.3. Viewing a Practitioner Providing Client Services

You can view a practitioner's details through [Viewing a Client's Service Contacts for an Episode](#) on the Data Entry tab, by following these steps:

1. Click on the [Practitioners](#) tab.
2. From the Outcome Collection Occasions Details tab, click the Practitioner Key.

Client "CL0001" at PHN "Test PHN", Provider Organisation "Test PO 1"

Episode starting 13/02/2016

## Service Contact on 13/02/2016

Details

View Details Edit Details Delete

<b>Organisation Path</b> PHN999:NFP01	<b>Service Contact Key</b> CL0001-E01-SC01
<b>Episode Key</b> CL0001-E01	<b>Practitioner Key</b> P01
<b>Date</b> 13/02/2016	<b>Type</b> Assessment
<b>Postcode</b> 1101	<b>Modality</b> Face to Face
<b>Participants</b> Individual client	<b>Venue</b> Client's Home
<b>Duration</b> 16-30 mins	<b>Copayment</b> 0.00
<b>Client Participation Indicator</b> Yes	<b>Interpreter Used</b> No
<b>No Show</b> Yes	<b>Final</b> Further services are planned for the client in the current episode
<b>Tags</b>	

A page will display the Practitioner's details as recorded via the [Practitioner Data Elements](#).

## Practitioner "P01" at PHN "Test PHN", Provider Organisation "Test PO 1"

Details

View Details Edit Details Delete

<b>Organisation Path</b> PHN999:NFP01	<b>Practitioner Key</b> P01
<b>Category</b> General Practitioner	<b>Active</b> Active
<b>Year of Birth</b> 1975	<b>Gender</b> Other
<b>Aboriginal and Torres Strait Islander Status</b> Aboriginal but not Torres Strait Islander origin	<b>ATSI Cultural Training</b> Yes
<b>Tags</b> tag1	

#### 1.6.5.4. Editing a Practitioner

You can view a practitioner's details through [Finding a Practitioner](#) on the Data Entry tab, by following these steps:

1. Click on the [Practitioners](#) tab.
2. Click on the practitioner's key in blue displayed within the table list.
3. From the View Practitioner Details tab, click the Edit Details tab.
4. Update the practitioner's details. Mandatory fields are marked with an \* .

*Please note: You can edit the Practitioner Key from this screen. See [Editing a Practitioner Key](#).*

Home / Data Entry / Practitioners / P01@PHN999:NFP01 / Edit Details

#### Practitioner "P01" at PHN "Test PHN", Provider Organisation "Test PO 1"

Details

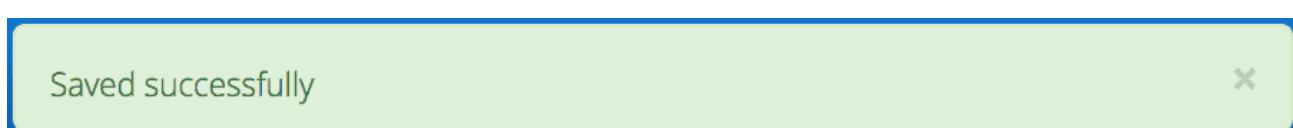
View Details    [Edit Details](#)

<b>Organisation Path</b> PHN999:NFP01	<b>Practitioner Key</b> <a href="#">Edit Key</a> P01
<b>Category *</b> General Practitioner	<b>Active *</b> Active
<b>Year of Birth *</b> 1975	<b>Gender *</b> Other
<b>Aboriginal and Torres Strait Islander Status *</b> Aboriginal but not Torres Strait Islander origin	<b>ATSI Cultural Training *</b> Yes
<b>Tags</b> tag1	

[Save](#)

5. Click the blue 'Save' button. (If you decide not to save changes, you can simply navigate away from this screen)

You will receive confirmation that the practitioner's details have been added, and it will now be displaying these new details in the View Practitioner Details tab.



If you receive an error message, the data will need to be corrected before the record is saved and added to the PMHC MDS. See Validation Rules - [1. Practitioner](#)

#### 1.6.5.4.1. Editing a Practitioner Key

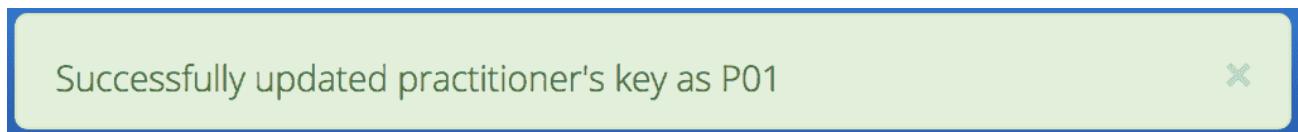
You can edit a practitioners's identification key through [Editing a Practitioner](#) available on the Data Entry tab, by following these steps:

1. In step five when [Editing a Practitioner](#).
2. From the Practitioner Edit Details tab, click the 'Edit Key' button.

The screenshot shows a 'Edit Key' dialog box overlaid on a larger form. The dialog has two input fields: 'Old Practitioner Key' containing 'P01' and 'New Practitioner Key' which is empty. The background form includes fields for 'Organisation Path' (PHN999:NFP01), 'Category \*' (General Practitioner), 'Year of Birth \*' (1975), and 'Aboriginal and Torres Strait Islander Status' (Aboriginal but not Torres Strait Islander origin). A 'Next' button is visible at the bottom of the dialog.

3. Type in the new practitioner key and click 'Next'.
4. Double check the new key is correct and click save. If it is incorrect, click back to re-enter the key or click the 'cross' in the top right to cancel this key change request.

You will receive confirmation that the Practitioner's key has been saved, and the screen will now be displaying the updated practitioner key details in the Practitioners View Details tab.



#### 1.6.5.5. Adding a Practitioner

You can view a practitioner's details through [Finding a Practitioner](#) on the Data Entry tab, by following these steps:

1. Click on the [Practitioners](#) tab.
2. Click the Add New Practitioner tab.
3. Enter the practitioner's details. Mandatory fields are marked with an \* .

## Data Entry

Users with the Data Entry role can use this tab to view client files.

**Support:** For more information and assistance visit [PMHC MDS Documentation](#). (link opens in a new window)

Clients      Practitioners

View Practitioners      Add New Practitioner

Organisation Path \*

PHN999  
Test PO 1 ( PHN999:NFP01 )  
Test PO 2 ( PHN999:NFP02 )  
Test PO 3 ( PHN999:NFP03 )

Year of Birth \*

Aboriginal and Torres Strait Islander Status \*

Tags

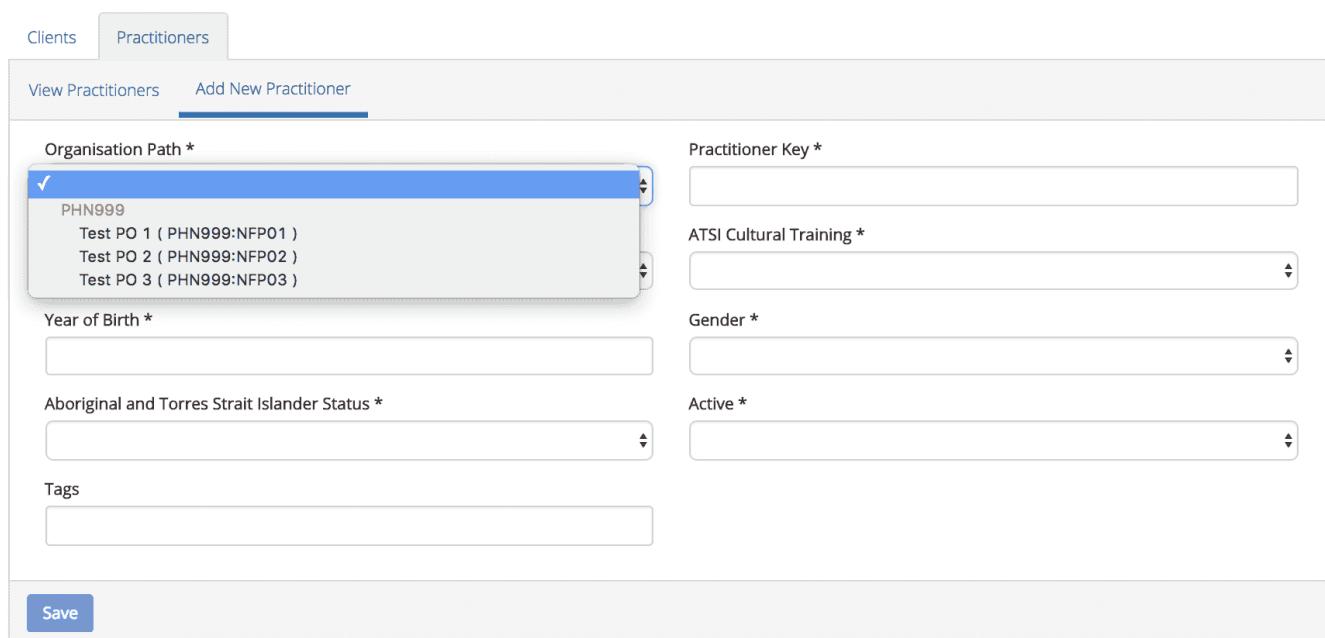
Practitioner Key \*

ATSI Cultural Training \*

Gender \*

Active \*

**Save**



- Click the blue 'Save' button. (If you decide not to save changes, you can simply navigate away from this screen)

You will receive confirmation that the practitioner's details have been added, and it will now be displaying these new details in the View Practitioner Details tab.



If you receive an error message, the data will need to be corrected before the record is saved and added to the PMHC MDS. See Validation Rules - [1. Practitioner](#)

You can add a practitioners individually through the data entry interface or alternately, practitioner records can be uploaded in bulk. See [Upload](#)

### 1.6.5.6. Deleting a Practitioner

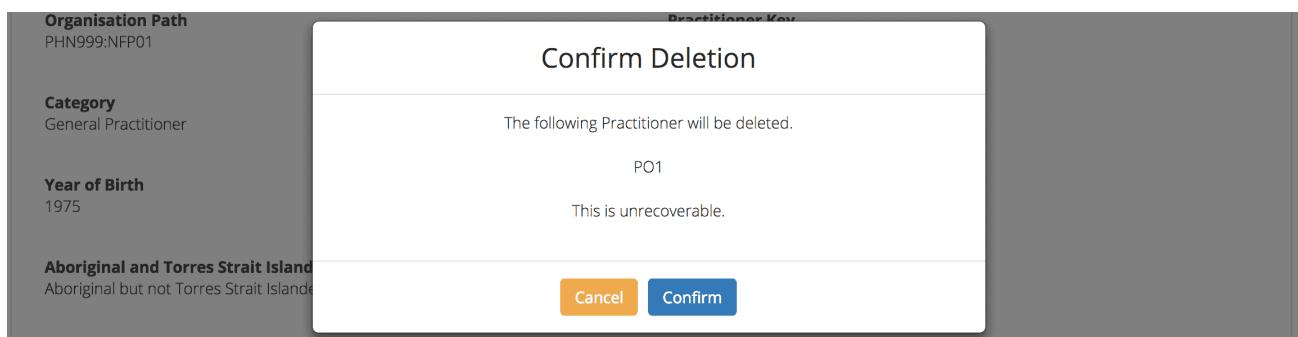
You can delete a practitioner's details through [Editing a Practitioner](#) on the Data Entry tab, by following these steps:

- Click on the [Practitioners](#) tab.
- Click on the practitioner's key in blue displayed within the table list.
- Click the red 'Delete' button.
- You will either be displayed a '[Confirm Delete](#)' screen or a '[Cannot Delete](#)' screen.

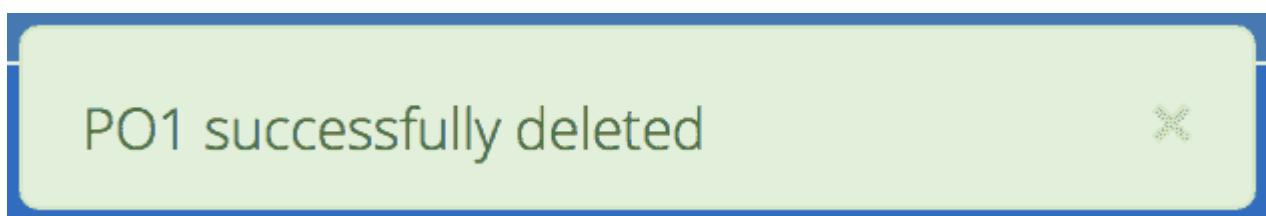
#### 1.6.5.6.1. Confirm Delete

Please note: Once the practitioner is deleted, you will not be able to recover this practitioner data.

1. Click the blue 'Confirm' button to delete this practitioner. (or click the orange 'Cancel' button if you decide not to delete this practitioner data)



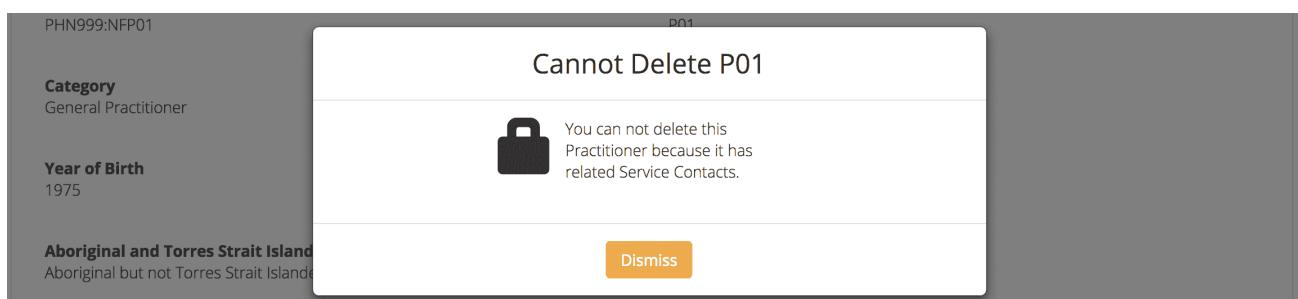
After you click 'Confirm', you will receive confirmation that the practitioner has been deleted, and you will be redirected to the [View Practitioners](#) where the practitioner will no longer be displayed.



#### 1.6.5.6.2. Cannot Delete

If the practitioner you are trying to delete has any dependant records, you will not be able to proceed with deleting this practitioner until all the related records have been edited or deleted.

1. You can click the orange 'Dismiss' button.



See [Editing a Client's Service Contacts for an Episode](#) or [Deleting an Service Contact](#).

#### 1.6.5.7. Inactive Practitioners

Currently a practitioner can not be deleted from the PMHC MDS if they have any dependant records.,

You can change the practitioner from 'active' to 'inactive' by editing their details. By doing this, the inactive practitioner keys will no longer be displayed in the Practitioner Key drop down list displayed on the Service Contact forms.

See [Editing a Practitioner](#).

## 1.7. Reports

You will only be able to see the Reports tab if you have been assigned the 'Reporting' [Users Roles](#), when logged into the PMHC MDS on <https://pmhc-mds.net>.

If you don't have access to the Reports tab and you believe you should, please contact someone in your provider organisation or provider organisation's PHN who has the 'User Management' role. If you are unsure who has the 'User Management' role please email the PMHC Helpdesk at [support@pmhc-mds.com](mailto:support@pmhc-mds.com)

After navigating to the Reports tab, you will be able to view and export various [Types of System Reports](#).

The screenshot shows the 'Reports' tab selected in the top navigation bar. The main content area is titled 'Reports'. It includes fields for 'Select Report Type\*', 'Start Date\*', and 'End Date\*'. There is also a checkbox for 'Client Consent' and a 'Request' button. The bottom of the page features the Australian Government Department of Health logo and links for PMHC-MDS managed by Strategic Data Pty Ltd, Contact Support, and User Documentation.

Home Data Extract Reports SLK Logged in as given-user48 surname-user48 ▾

Home / Reports

## Reports

Users with the Reporting role can use this tab to request reporting data

**Support:** For more information and assistance visit [PMHC MDS Documentation](#). (link opens in a new window)

Select Report Type\*

Start Date\* 17/12/2017 End Date\* 17/01/2018

**Client Consent** Include only records with Client Consent

**Request**

Australian Government  
Department of Health

PMHC-MDS managed by Strategic Data Pty Ltd | Contact Support | User Documentation

### 1.7.1. How to produce a report

You can produce a system report by completing the fields in the Reports tab by following these steps:

1. Navigate to the 'Reports' tab.

## Reports

Users with the Reporting role can use this tab to request reporting data

**Support:** For more information and assistance visit [PMHC MDS Documentation](#). (link opens in a new window)

**Select Report Type\***

**Start Date\***

**End Date\***

**Client Consent**

Include only records with Client Consent

2. Select the type of report you would like to produce.
3. If you are allowed to produce reports for more than one organisation you will be asked to select an organisation name.
4. Select the name of the organisation from the drop down list.
5. Click the first calendar icon to select the start date and then the second calendar icon to select the end date.
6. If you click the 'Include only records with Client Consent' tickbox, the data for clients that have not consented to their anonymised data being provided to the Department of Health will be excluded from your report. (See [Episode - Client Consent to Anonymised Data](#))
7. Click the blue 'Request' button.
8. Your report will be displayed on screen and can be downloaded as a CSV.

Note: If you are not sure what data is displayed in a report, please click on the 'Counting Rules Explained' link.

Report E1 - High level summary of overall volumes by entity for Test PHN; 01/10/2017 - 31/12/2017

Organisation	Clients	Episodes	Service Contacts	K10+	K5	SDQ	Practitioners
Test ATSI Provider One	3	0	0	0	0	0	0
Test Provider Organisation 1	0	0	0	0	0	0	1
Test Provider Organisation 2	1	0	0	0	0	0	0
Test Provider Organisation NFP1	12	17	25	37	4	0	12
Test Provider Organisation NFP2	12	0	0	0	0	0	0
Total	28	17	25	37	4	0	13

Generated on 08/01/2018 17:20:23 AEDT

[Counting Rules Explained](#)

## **1.7.2. Types of System Reports**

The reports are grouped into five categories, each designed to serve different purposes:

- Category A: Monitoring progress of MDS implementation
- Category B: Monitoring overall service delivery
- Category C: Monitoring implementation of stepped care
- Category D: Key Performance Indicators
- Category E: Reports for data managers to monitor data supply

### **1.7.2.1. Category A: Monitoring progress of MDS implementation**

These reports are designed to assist monitoring MDS uptake and compliance with key business rules.

The reports provide summary data on:

- Volumes ('active clients'/'active episodes'/contacts)
- Data quality in terms of compliance with key business rules

Available A category reports are:

- A1 - High level summary of overall volumes by entity
- A2 - Monthly volume trends
- A3 - Data quality report - Missing and invalid client data
- A4 - Data quality report - Missing and invalid episode data
- A5 - Data quality report - Missing and invalid service contact data
- A6 - Data quality report - Missing and invalid practitioner data
- A7 - Open episodes with no service contact activity for 90+ days
- A8 - Data quality report - Recording of outcome measures for open episodes
- A9 - Data quality report - Recording of outcome measures for completed episodes

**Note:** A subset of these reports is included in **Category E: Reports for data managers to monitor data supply** without any filtering for active clients or episodes to enable organisational data managers to monitor 'raw' upload and data supply to the MDS.

#### **1.7.2.1.1. A1 - High level summary of overall volumes by entity**

This report is designed to provide a 'one page' view, with data aggregated for the specified reporting period, covering counts of clients, episodes and service contacts.

Key specifications:

- To be counted, a client must have had one or more Service Contacts in the reporting period, defined for this report's purposes as 'Active Clients'. Clients are counted uniquely regardless of number of episodes.
- Episodes to be counted if one or more Service Contacts were recorded in the period - defined for this report purpose as 'Active Episodes'.
- All Service Contacts in the period are reported except those that are flagged as 'No Show'.
- All dates refer to date of service not date of data upload or data entry.

#### **1.7.2.1.2. A2 - Monthly volume trends**

This report is designed to show volume trends in clients, episodes and service contacts. Each data point in the table and the chart shows monthly data.

Key specifications:

- To be counted, a client must have had one or more Service Contacts in the reporting period, defined for this report purposes as 'Active Clients'. Clients are counted uniquely regardless of number of episodes.
- Episodes to be counted if one or more Service Contacts was recorded in the period – defined for this report purpose as 'Active Episodes'.
- All Service Contacts in the period are reported except those that are flagged as 'No Show'.
- All dates refer to date of service not date of upload or data entry.

#### **1.7.2.1.3. A3 - Data quality report - Missing and invalid client data**

The A3 reports are designed to identify Client data elements with significant amounts of missing or invalid data.

Two formats of this report are offered to users:

- [A3-1 - Data quality report - Missing and invalid client data - Summary](#)
- [A3-2 - Data quality report - Missing and invalid client data - Detail](#)

Key specifications:

- Clients to be counted uniquely regardless of number of episodes. To be counted, a client must have had one or more Service Contacts in the reporting period i.e. 'Active Clients'.
- Service Contacts flagged as 'No Show' are not included for this purpose.
- Missing/invalid data defined as: Data elements with null or invalid values, or where 'system generated' codes have been reported to denote 'not stated', 'inadequately defined' or 'missing'.

##### **1.7.2.1.3.1. A3-1 - Data quality report - Missing and invalid client data - Summary**

Summary format provides a simple listing of missing/invalid data rates for relevant Client data elements, aggregated across the organisation, region or nationally.

##### **1.7.2.1.3.2. A3-2 - Data quality report - Missing and invalid client data - Detail**

Detailed format presents missing/invalid data rates at the entity level (PHN and Provider Organisation). For this version, the user selects the specific Client data element to be targeted for the report from a list of possible options.

Missing/invalid client data elements that can be selected for the A3-2 report are:

- Date of Birth
- Date of Birth Flag
- Gender
- ATSI status
- Country of Birth
- Main Language Spoken at Home
- Proficiency in Spoken English

Note: For a user with the Reporting role at a single Provider Organisation, this report is redundant as it would only ever have a single row, which is already present in the output of the A3-1 report. Therefore this report is not made available to these users.

#### **1.7.2.1.4. A4- Data quality report - Missing and invalid episode data**

The A4 reports are designed to identify data Episode elements with significant amounts of missing or invalid data.

Two formats of this report are offered to users:

- [A4-1 - Data quality report - Missing and invalid episode data - Summary](#)
- [A4-2 - Data quality report - Missing and invalid episode data - Detail](#)

Some Episode data elements are not included in the options list as they are allowed to have a blank value (eg. Episode End Date) or there is no missing value provided in the specification and the system doesn't allow blank values to be submitted (eg. Principal Focus of Treatment Plan):

- Client Consent to Anonymised Data
- Episode End Date
- Episode Completion Status
- Episode Start Date
- Medication - Antipsychotics (N05A)
- Medication - Anxiolytics (N05B)
- Medication - Hypnotics and sedatives (N05C)
- Medication - Antidepressants (N06A)
- Medication - Psychostimulants and nootropics (N06B)
- Principal Focus of Treatment Plan

Key specifications:

- Report counts only 'active episodes'. An Episode is defined as 'active' if it has one or more Service Contacts recorded in the period.
- Service Contacts flagged as 'No Show' are not included for this purpose.
- Missing/invalid data defined as: Episode data elements with null or invalid values, or where 'system generated' codes have been reported to denote 'not stated', 'inadequately defined' or 'missing'.

#### 1.7.2.1.4.1. A4-1 - Data quality report - Missing and invalid episode data - Summary

Summary format provides a simple listing of missing/invalid data rates for relevant Episode data elements, aggregated across the organisation, region or nationally.

#### 1.7.2.1.4.2. A4-2 - Data quality report - Missing and invalid episode data - Detail

Detailed format presents missing/invalid Episode data rates at the entity level (PHN and Provider Organisation).

For this version, the user selects the specific Episode data element to be targeted for the missing/invalid data report from a list of possible options.

Missing/invalid episode data elements that can be selected for the A4-2 report are:

- Episode Referral Date
- Referrer Profession
- Referrer Organisation Type
- Suicide Referral Flag
- GP Mental Health Treatment Plan Flag
- Homelessness flag
- Area of Usual Residence, Postcode
- Labour Force Status
- Employment Participation
- Source of Cash Income
- Health Care Card
- NDIS Participant
- Marital Status
- Principal Diagnosis
- Additional Diagnosis

Note: For a user with the Reporting role at a single Provider Organisation, this report is redundant as it would only ever have a single row, which is already present in the output of the A4-1 report. Therefore this report is not made available to these users.

#### 1.7.2.1.5. A5 - Data quality report - Missing and invalid service contact data

The A5 reports are designed to identify Service Contact data elements with significant amounts of missing or invalid data.

Two formats of this report are offered to users:

- [A5-1 - Data quality report - Missing and invalid service contact data - Summary](#)
- [A5-2 - Data quality report - Missing and invalid service contact data - Detail](#)

Service Contacts flagged as 'No Show' are not included in this report.

Some service contact data elements are not included in the options list as there is no missing value provided in the specification and the system doesn't allow blank values to be submitted:

- Service Contact Date
- Service Contact Final
- Service Contact Type
- Service Contact Modality
- Service Contact Duration
- Service Contact Copayment
- Service Contact Client Participation Indicator
- Service Contact No Show

#### 1.7.2.1.5.1. A5-1 - Data quality report - Missing and invalid service contact data - Summary

Summary format provides a simple listing of missing/invalid data rates for relevant Service Contact data elements, aggregated across the organisation, region or nationally.

#### 1.7.2.1.5.2. A5-2 - Data quality report - Missing and invalid service contact data - Detail

Detailed format presents missing/invalid Service Contact data rates at the entity level (PHN and Provider Organisation). For this version, the user selects the Service Contact data to be targeted for the missing/invalid data report from a list of possible options.

Missing/invalid episode data elements that can be selected for the A5-2 report are:

- Service Contact Interpreter Used
- Service Contact Postcode
- Service Contact Participants
- Service Contact Venue

Note: For a user with the Reporting role at a single Provider Organisation, this report is redundant as it would only ever have a single row, which is already present in the output of the A5-1 report. Therefore this report is not made available to these users.

#### 1.7.2.1.6. A6 - Data quality report - Missing and invalid practitioner data

The A6 reports are designed to identify Practitioner data elements with significant amounts of missing data.

Two formats of this report are offered to users:

- [A6-1 - Data quality report - Missing and invalid practitioner data - Summary](#)
- [A6-2 - Data quality report - Missing and invalid practitioner data - Detail](#)

Key specifications:

- Report is confined only to 'active practitioners'. A Practitioner is defined as 'active' if they have recorded one or more Service Contacts in the period.
- Service Contacts flagged as 'No Show' are not included for this purpose.

#### 1.7.2.1.6.1. A6-1 - Data quality report - Missing and invalid practitioner data - Summary

Summary format provides a simple listing of missing/invalid data rates for relevant data elements, aggregated across the organisation, region or nationally.

#### 1.7.2.1.6.2. A6-2 - Data quality report - Missing and invalid practitioner data - Detail

Detailed format presents missing/invalid data rates at the entity level (PHN and Provider Organisation). For this version, the user selects the Practitioner data to be targeted for the missing/invalid data report from a list of options.

Missing/invalid episode data elements that can be selected for the A6-2 report are:

- Practitioner Category
- ATSI Cultural Training Flag
- Practitioner Year of Birth
- Gender
- Aboriginal and Torres Strait Islander Status

Note: For a user with the Reporting role at a single Provider Organisation, this report is redundant as it would only ever have a single row, which is already present in the output of the A6-1 report. Therefore this report is not made available to these users.

#### 1.7.2.1.7. A7 - Open episodes with no service contact activity for 90+ days

The A7 report is designed to allow monitoring of adherence to the requirement to close episodes where there are no further services scheduled for the client.

Setting of the 90 day threshold does not imply a strict business rule to close episodes where no contact has occurred for this period, but rather to identify episodes that may warrant review.

Key specifications:

- Open Episodes defined as those without an End Date or an End Date after the end date of the report.

- Service Contacts flagged as 'No Show' are not included for this purpose.

Note that if the period between start and end date specified in this report is less than 90 days the number of episodes with no service contact activity for 90+ days will always be zero.

#### **1.7.2.1.8. A8 - Data quality report - Recording of outcome measures for open episodes**

The A8 report is designed to show the percentage of open (not yet completed) episodes that have an outcome measure recorded at the Episode Start collection occasion. Its purpose is to allow monitoring of adherence to the minimum requirements for outcome recording - i.e. measures to be recorded at Episode Start and Episode End.

Report A9 examines a related aspect - the extent to which Completed Episodes have both Episode Start and Episode End measures.

Key specifications:

- Open Episodes are defined as those without an End Date or an End Date after the end date of the report, less than or equal to the report end date.
- For this report, Episodes must also have an Episode Start Date equal to or greater than the report start date.
- Only Episodes with one or more Service Contacts in the reporting period are included in the analysis (referred to as 'active episodes').
- Service Contacts flagged as 'No Show' are not included for this purpose.
- Measures that have a total score of '99' are invalid and counted as 'no measure'.

#### **1.7.2.1.9. A9 - Data quality report - Recording of outcome measures for completed episodes**

The A9 report is designed to show the percentage of completed episodes that have outcome measures recorded. Its purpose is to allow monitoring of adherence to the minimum requirements for outcome recording - i.e. measures to be recorded at Episode Start and Episode End.

Key specifications:

- Completed Episodes are defined as those Episodes with an Episode End Date less than or equal to the report end date.
- For this report, Episodes must also have an Episode Start Date equal to or greater than the report start date.
- Only Episodes with one or more Service Contacts in the reporting period are included in the analysis (referred to as 'active episodes').
- Service Contacts flagged as 'No Show' are not included for this purpose.
- Measures that have a total score of '99' are invalid and counted as 'no measure'.

#### **1.7.2.1.10. A10 - Data quality report - Missing Referral Dates**

The A10 report shows the counts of episodes which are missing a referral date and will therefore not appear in reports based on referral date.

Key specifications:

- All Episodes with no referral date are counted
- The subset of those episodes which additionally have the suicide risk flag set
- The number of those episodes with no Service Contacts are also show.
- Service Contacts flagged as 'No Show' are not included for this purpose.

#### **1.7.2.2. Category B: Monitoring overall service delivery**

These reports are designed to present a range of data in the form of summary tables. Their purpose is to allow the user to monitor overall service delivery based on counts of clients, episodes, and service contacts, stratified in various ways that depend on the data being sourced.

There are five reports in this series, each covering a specific data category (Clients, Episode, Service Contacts, Provider Organisations, and Practitioners).

Available B category reports are:

- [B1 - Activity report - Client characteristics](#)
- [B2 - Activity report - Episode characteristics](#)
- [B3 - Activity report - Service Contact characteristics](#)
- [B4 - Activity report - Provider Organisation characteristics](#)
- [B5 - Activity report - Practitioner characteristics](#)

##### **1.7.2.2.1. B1 - Activity report - Client characteristics**

The B1 report is designed to allow selection of a Client stratification variable of interest, with a menu of options covering all core Client data fields.

Key specifications:

- Client to be counted uniquely regardless of number of episodes. To be counted, a client must have had one or more Service Contacts in the reporting period.
- Counts of Episodes to be based only on 'active' Episodes, defined as those that had one or more Service Contacts recorded in the period.
- Service Contacts flagged as 'No Show' are not included for this purpose.

#### **1.7.2.2.2. B2 - Activity report - Episode characteristics**

The B2 report is designed to allow selection of an Episode stratification variable of interest, with a menu of options covering all core Episode data fields.

Key specifications:

- An Episode is defined as 'active' and in-scope for inclusion in this report if it had one or more Service Contacts recorded in the period. No distinction is made between Open and Completed Episodes.
- Service Contacts flagged as 'No Show' are not included for this purpose.

#### **1.7.2.2.3. B3 - Activity report - Service Contact characteristics**

The B3 report is designed to allow selection of a Service Contact stratification variable of interest, with a menu of options covering all core Service Contact fields.

Key specifications:

- Reporting by 'Service Contact No Show' element counts all service contacts by whether they are flagged as 'No Show'.
- Otherwise, Service Contacts flagged as 'No Show' are not included in this report.

#### **1.7.2.2.4. B4 - Activity report - Provider Organisation characteristics**

The B4 report is designed to allow selection of a Provider Organisation stratification variable of interest, with a menu of options covering all core Provider Organisation data fields.

Key specifications:

- A Provider Organisation is defined as 'active' if it has recorded and in-scope for this report if there is one or more Service Contacts recorded for the Provider Organisation in the period.
- Service Contacts flagged as 'No Show' are not included for this purpose.

#### **1.7.2.2.5. B5 - Activity report - Practitioner characteristics**

The B5 report is designed to allow selection of a Practitioner stratification variable of interest, with a menu of options covering all core Practitioner data fields.

Key specifications:

- A Practitioner is defined as 'active' and in-scope for this report if they have recorded one or more Service Contacts in the period.
- Service Contacts flagged as 'No Show' are not included for this purpose.

### **1.7.2.3. Category C: Monitoring implementation of stepped care**

This group of reports is based on composite data, built from cross-tabulation of data drawn from multiple levels of the PMHC data model – Clients, Episodes, Service Contacts, Practitioners.

Their purpose is to allow the user to monitor selected aspects of the implementation of the stepped care model.

The stepped care reports represent work in progress and will be subject to ongoing improvement with PHN feedback on their utility.

Available C category reports are:

- [C1 - Stepped care report - Episode type by Client characteristics](#)
- [C2 - Stepped care report – Episode Type by Service Contacts Type](#)

#### **1.7.2.3.1. C1 - Stepped care report - Episode type by Client characteristics**

Purpose: To provide summary information on the characteristics of clients who receive different types of services, grouped by 'episode type'.

Client data fields to be selected by user from a list of options.

Key specifications:

- Only 'active episodes' are reported. An Episode is defined as 'active' and in scope for inclusion in this report if it had one or more Service Contacts recorded in the period. No distinction is made between Open and Completed Episodes.
- Service Contacts flagged as 'No Show' are not included for this purpose.
- Counts shown in the report refer to Episodes, and are displayed as numbers or percent column based on user selection.

Client data elements that can be selected for the C1 report are:

- Client age group based on Date of Birth, grouped to the following categories:
  - 0-11, 12-17, 18-24, 25-64, 65+
  - Each client assigned to only age group based on age at a fixed date (e.g., beginning of year)
- Indigenous status
- Area of Usual Residence
  - Grouped by Remoteness Classification (Major Cities, Outer Regional, Inner Regional, Remote, Very Remote)
- Principal diagnosis - High level grouping
  - Anxiety disorders

- Affective (Mood) disorders
- Substance use disorders
- Psychotic disorder
- Disorders with onset usually occurring in childhood and adolescence not listed elsewhere
- Other mental disorder
- No formal mental disorder but subsyndromal problem
- Gender
- Country of Birth – grouped to high level categories

#### **1.7.2.3.2. C2 - Stepped care report – Episode Type by Service Contacts Type**

Purpose: To provide summary information on the types of service contacts delivered within each of the episode types.

Key specifications:

- Only 'active episodes' are reported. An Episode is defined as 'active' and in scope for inclusion in this report if it had one or more Service Contacts recorded in the period. No distinction is made between Open and Completed Episodes.
- Service Contacts flagged as 'No Show' are not included for this purpose.
- Counts shown in the report refer to Episodes, and are displayed as numbers or percent rows based on user selection.

#### **1.7.2.3.3. C3 - Stepped care report – Episode Type by Service Contact Intensity**

Purpose: To provide summary information on the volumes of service delivered within each of the episode types.

Key specifications:

- Only 'active episodes' are reported. An Episode is defined as 'active' and in scope for inclusion in this report if it had one or more Service Contacts recorded in the period. No distinction is made between Open and Completed Episodes.
- Service Contacts flagged as 'No Show' are not included for this purpose.
- Counts shown in the report refer to Episodes, and are displayed as numbers or percent rows based on user selection.
- Total Clients is a unique count of clients, not the sum of the individual rows. Clients may be counted in more than one row.

#### **1.7.2.4. Category D: Key Performance Indicators**

A set of 13 key performance indicators was introduced in July 2016, designed to monitor the progress of mental health reforms being led by Primary Health Networks (PHNs). The indicators covered activities related to the delivery of services in six priority areas set by government, along with two overarching program management indicators covering integrated service planning and delivery, and implementation of stepped care models of care.

All 13 indicators were subsequently incorporated in schedules for mental health program funding, requiring PHNs to report on performance annually. Data sources for the majority of indicators (11) are derived in full or part from the Primary Mental Health Care Minimum Data Set (PMHC MDS).

The mental health KPIs were introduced prior to the implementation of the current PHN Performance and Quality Framework (September 2018) and need to be positioned within that policy framework. One additional indicator was added to the mental health KPIs as a result of the new framework, bringing the total to 14.

9 of the 14 KPI reports will ultimately be available via the PMHC MDS. 7 are currently available:

- [Acc-1 - Access to Low Intensity Services](#)
- [Acc-2 - Access to Psychological Services](#)
- [Acc-3 - Access to Clinical Care Coordination](#)
- [App-1 - Youth receiving youth-specific services](#)
- [App-2 - Indigenous Population receiving culturally appropriate services](#)
- [App-3 - Suicide Risk Followup](#)
- Out-1 - Clinical outcomes - Low intensity psychological interventions
- Out-2 - Clinical outcome - Psychological therapies delivered by mental health professionals
- [Out-3 - Completion rates for clinical outcome measures](#)

**Note:** Out-1 and Out-2 reports are still to be implemented.

The following reports are not available via the PMHC MDS as they require information that is not derived from the PMHC MDS:

- Eff-1 - Average cost of PHN-commissioned low intensity psychological intervention services
- Eff-2 - Average cost of PHN-commissioned psychological therapies delivered by mental health professionals
- Eff-3 - Average cost of PHN-commissioned clinical care coordination for people with severe and complex mental illness
- Prog-1 - Proportion of PHN annual flexible funding allocated to low intensity services, psychological therapies and services for people with severe and complex mental illness
- Prog-2 - Formalised partnerships with other regional service providers to support integrated regional planning and service delivery

#### **1.7.2.4.1. Acc-1 - Access to Low Intensity Services**

Purpose: Measure the proportion of regional population receiving PHN-commissioned low intensity psychological interventions

Key specifications:

- Only 'active clients' are reported. A Client is defined as 'active' and in scope for inclusion in this report if they had one or more Service Contacts recorded in the period.
- Service Contacts flagged as 'No Show' are not included for this purpose.
- Population is calculated from Estimated Regional Population figures.
- KPI is measured in clients per 10,000 population.

#### **1.7.2.4.2. Acc-2 - Access to Psychological Services**

Purpose: Measure the proportion of regional population receiving PHN-commissioned psychological therapies delivered by mental health professionals.

Key specifications:

- Only 'active clients' are reported. A Client is defined as 'active' and in scope for inclusion in this report if they had one or more Service Contacts recorded in the period.
- Service Contacts flagged as 'No Show' are not included for this purpose.
- Population is calculated from Estimated Regional Population figures.
- KPI is measured in clients per 10,000 population.

#### **1.7.2.4.3. Acc-3 - Access to Clinical Care Coordination**

Purpose: Measure the proportion of regional population receiving PHN-commissioned clinical care coordination for people with severe and complex mental illness.

Key specifications:

- Only 'active clients' are reported. A Client is defined as 'active' and in scope for inclusion in this report if they had one or more Service Contacts recorded in the period.
- Service Contacts flagged as 'No Show' are not included for this purpose.
- Population is calculated from Estimated Regional Population figures.
- KPI is measured in clients per 10,000 population.

#### **1.7.2.4.4. App-1 - Youth receiving youth-specific services**

Purpose: Measure the proportion of regional youth population receiving youth-specific mental health services.

Key specifications:

- Only 'active clients' are reported. A Client is defined as 'active' and in scope for inclusion in this report if they had one or more Service Contacts recorded in the period.
- Service Contacts flagged as 'No Show' are not included for this purpose.
- Population is calculated from Estimated Regional Population figures for people aged 12-24.
- KPI is measured in clients per 10,000 population.

#### **1.7.2.4.5. App-2 - Indigenous Population receiving culturally appropriate services**

Purpose: Measure the proportion of PHN-commissioned mental health services delivered to the regional Indigenous population where the services were culturally appropriate.

Key specifications:

- Service contacts are in scope for inclusion in this report if they occurred within the reporting period and are not flagged as 'No Show'.
- KPI is measured as the percentage of service contacts which are culturally appropriate
- A culturally appropriate service is defined as one that is delivered by a service provider that is recorded as of ATSI origin, or employed by an Aboriginal Community Controlled Health Service or has indicated that they have completed a recognised training programme in the delivery of culturally safe services to ATSI peoples.

#### **1.7.2.4.6. App-3 - Suicide Risk Followup**

Purpose: Measure the proportion of people referred to PHN-commissioned services due to a recent suicide attempt or because they are at risk of suicide, who are followed up within 7 days of referral.

Key specifications:

- Only episodes with a referral date within the reporting period are included.
- Service contacts which are flagged as 'No Show' are not included.
- Service contacts where the Client Participation Indicator flag is 'No' are not included.
- '% Episodes with Suicide Risk Flag %' counts the proportion of all episodes which are flagged as a suicide risk.
- Other than in the '% Episodes with Suicide Risk Flag' column, only episodes flagged as suicide risk are counted.
- Episodes where the first service contact occurred within 7 days are tabulated as '7 days or less'
- Episodes where no service contact occurred are tabulated as 'No Service Contact Occurred'.
- KPI is measured as percentage of episodes flagged as a suicide risk which have a service contact within 7 days.

#### **1.7.2.4.7. Out-3 - Completion rates for clinical outcome measures**

Purpose: Measure completion rates for clinical outcome measures.

Key specifications:

- Completed Episodes are defined as those Episodes with an Episode End Date less than or equal to the report end date.
- For this report, Episodes must also have an Episode Start Date equal to or greater than the report start date.
- Only Episodes with one or more Service Contacts in the reporting period are included in the analysis (referred to as 'active episodes').
- Service Contacts flagged as 'No Show' are not included for this purpose.
- To be counted at 'Matched', both an initial and final measure of matching type must be recorded, each with a valid total score (not '99'). This rule is a little tighter than that used in the A9 report, so figures in the two reports may vary

Matching measure types:

Initial	Final
K5	K5
K10+	K10+
SDQ PC101	SDQ PC201
SDQ PY101	SDQ PY201
SDQ YR101	SDQ YR201

#### **1.7.2.5. Category E: Reports for data managers to monitor data supply**

These reports are designed to assist in monitoring the amount and type of data that has been input into the MDS.

They are based on a subset of Category A reports but differ in two important ways:

- The reports are based on 'raw data', not filtered or trimmed by any data quality censoring. Comparable Category A reports restrict the reported data by specific edit criteria (e.g., Category A reports are only based on 'active clients', 'active episodes' and 'active providers').
- All dates refer to date of upload. Comparable Category A reports are based on date of service.

Category E reports are specifically designed to enable PHN and Provider Organisation data managers to monitor upload and data supply to the MDS.

The reports provide summary data on:

- Raw volumes (clients/episodes/service contacts/collection occasions/practitioners) over time periods
- Raw volumes per day (clients/episodes/service contacts/collection occasions/practitioners)

#### **1.7.2.5.1. E1 - High level summary of overall volumes by entity**

This report is designed to provide a 'one page' view, with data aggregated for the specified reporting period, covering counts of clients, episodes, service contacts, collection occasions and practitioners, without any filtering for business rules.

Key specifications:

- All records to be counted with no filtering.
- All dates refer to date of modification, not date of service.

#### **1.7.2.5.2. E2 - Volume trends**

This report is designed to show volume trends in clients, episodes, service contacts, collection occasions and practitioners.

Key specifications:

- All records to be counted with no filtering.
- All dates refer to date of insertion, not date of service.
- Results are cumulative.

#### **1.7.2.5.3. E3 - Activity per day**

This report will show a summary of the number of clients, episodes, service contacts, collections occasions and practitioners added or modified each day. Its purpose is to give entities information about when and how much data was added or modified.

Key specifications:

- All records to be counted with no filtering.
- All dates refer to date of modification, not date of service.

### **1.8. Data Extract**

You will only be able to see the Data Extract tab if you have been assigned the 'Reporting' [Users Roles](#), when logged into the PMHC MDS on <https://pmhc-mds.net>.

If you don't have access to the Data Extract tab and you believe you should, please contact someone in your provider organisation or provider organisation's PHN who has the 'User Management' role. If you are unsure who has the 'User Management' role please email the PMHC Helpdesk at [support@pmhc-mds.com](mailto:support@pmhc-mds.com)

After navigating to the Data Extraction tab, you will be presented with a form to request and download a data extract.

The screenshot shows the 'Data Extract' page. At the top, there are tabs for Home, Data Extract, Reports, and SLK. A user is logged in as 'given-user48 surname-user48'. Below the tabs, a breadcrumb navigation shows 'Home / Data Extract'. The main section is titled 'Data Extract' and includes a sub-instruction: 'Users with the Reporting role can use this tab to request reporting data'. A 'Support' link is provided for more information. The form contains the following fields:

- Select Organisation\***: A dropdown menu.
- Start Date\***: A date input field set to '17/01/2018' with a calendar icon to its right.
- End Date\***: A date input field set to '17/01/2018' with a calendar icon to its right.
- Include data without associated dates.**
- Select File Type\***: A dropdown menu set to '.xlsx'.

At the bottom of the form are two buttons: 'Request' (in a blue box) and 'Associated Date Rules Explained'.



PMHC-MDS managed by Strategic Data Pty Ltd | Contact Support | User Documentation

### 1.8.1. How to download an organisation's data

You can extract a PHN's or provider organisation's PMHC MDS data by completing the Download Data fields in the Data Extraction tab, by following these steps:

1. Navigate to the 'Data Extract' tab.
2. If you are allowed to download data from more than one organisation you will be asked to select an organisation name.
3. Select the name of the organisation from the drop down list.
4. Click the first calendar icon to select the start date and then the second calendar icon to select the end date.
5. Click the 'Include data without associated dates' checkbox, if required.

**Please note:** As the query is date based the following data will not by default be included in the extract:

- The start date of an episode is derived from the date of the first service contact. Therefore, if an episode doesn't have any associated service contacts, there will be no start date for the episode and they will not by default be included in the data extract.
- Clients that don't have any associated episodes, or who are associated with an episode with no service contacts also will not by default be included in the data extract.
- Practitioners who are not associated with a service contact will not by default be included in the data extract.

If you would like to include these episodes, clients and practitioners check the the 'Include data without associated dates' checkbox.

6. Select the File Type you'd like this data downloaded in.

## Data Extract

Users with the Reporting role can use this tab to request reporting data

**Support:** For more information and assistance visit [PMHC MDS Documentation](#). (link opens in a new window)

**Select Organisation\***  
Test PHN ( PHN999 )

**Start Date\***  
08/01/2018

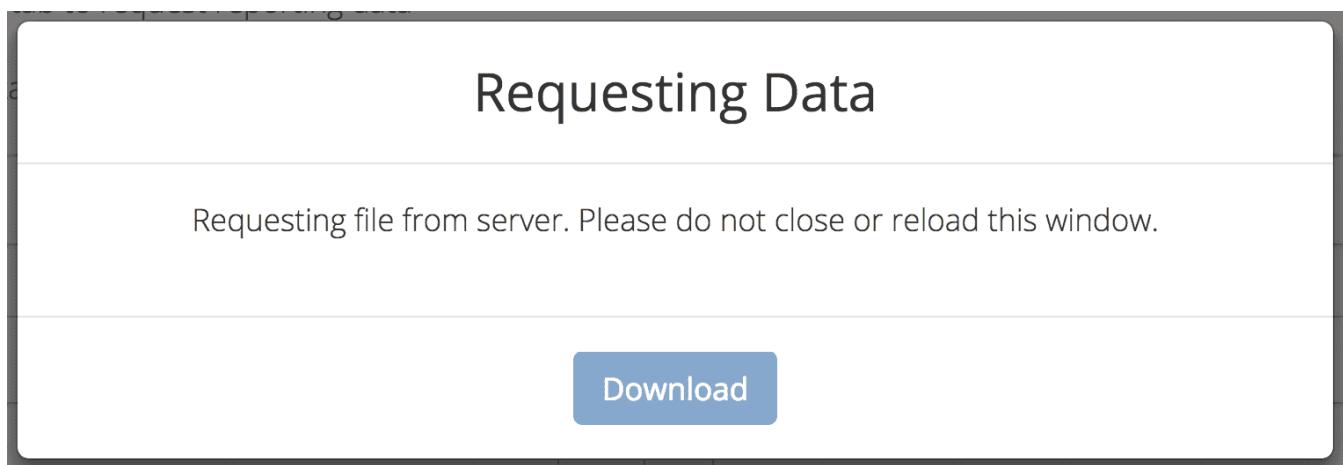
Include data without associated dates.

**End Date\***  
08/01/2018

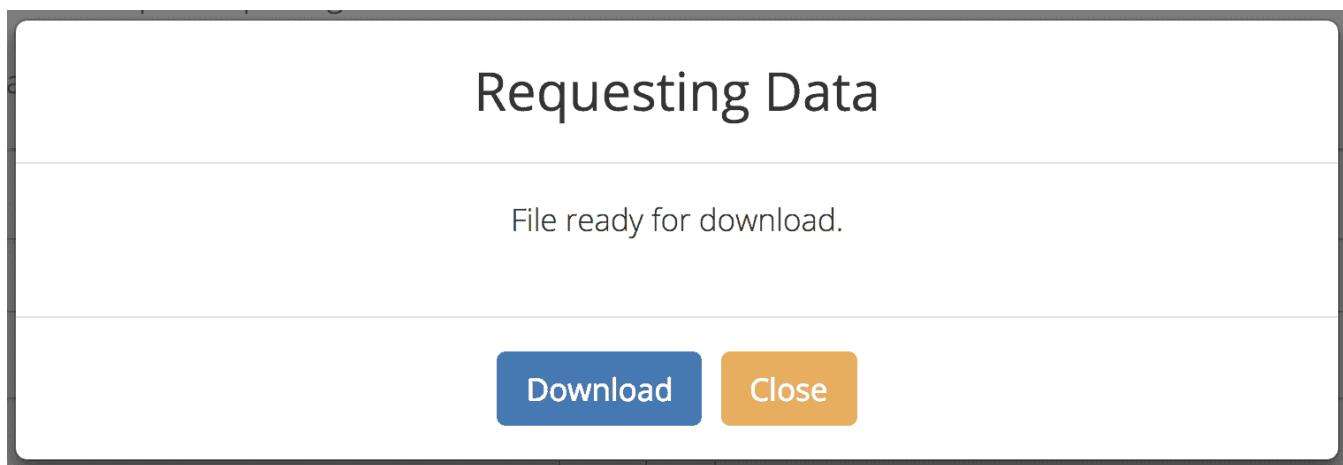
**Select File Type\***  
.xlsx

[Associated Date Rules Explained](#)

7. Click the blue 'Request' button.
8. A dialogue box will be displayed, showing that the file is being requested from the server.



9. When the file is ready, a 'File ready for download' message will be displayed.



10. Click the blue 'Download' button.
11. Your data extract will be downloaded to your computer.

## **1.8.2. Dates explained for Data Extract**

The Data Extract dates are based on the Client's Service Contact dates.

**Please note:** As the query is date based the following data will not by default be included in the extract:

- The start date of an episode is derived from the date of the first service contact. Therefore, if an episode doesn't have any associated service contacts, there will be no start date for the episode and they will not by default be included in the data extract.
- Clients that don't have any associated episodes, or who are associated with an episode with no service contacts also will not by default be included in the data extract.
- Practitioners who are not associated with a service contact will not by default be included in the data extract.

If you would like to include these episodes, clients and practitioners check the the 'Include data without associated dates' checkbox.

See [How to download an organisation's data](#).

## **1.9. SLK**

We have provided a stand-alone generator that can be used without logging into the PMHC MDS on <https://pmhc-mds.net>. This allows users to generate a client's Statistical Linkage Key (SLK) to enter into upload files.



# Primary Mental Health Care Minimum Data Set

[Home](#)[SLK](#)[Sign in](#)[Home](#) / [SLK](#)

## Statistical Linkage Key Generator

SLK

Generate SLK

<b>Given Name</b> <input type="text" value="Given Name"/>	<b>Family Name</b> <input type="text" value="Family Name"/>
<b>Date of Birth *</b> <input type="text" value=""/>	<b>Gender</b> <input type="text" value="Not stated/Inadequately described"/>

**Generate Key**

## Department of Health



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In order to generate an SLK:

1. Navigate to the 'SLK' tab. This will open up the SLK generator.
2. Enter the following client details: Given Name, Surname, Date of Birth and Gender.
3. Click on the blue 'Generate Key' button.

[Home](#) / [SLK](#)

## Statistical Linkage Key Generator

SLK

Generate SLK

<b>Given Name</b> <input type="text" value="Firstname"/>	<b>Family Name</b> <input type="text" value="Surname"/>
<b>Date of Birth *</b> <input type="text" value="01/01/1901"/>	<b>Gender</b> <input type="text" value="Other"/>

**Generate Key**

Your statistical linkage key

SLK

URAIR010119013

[Copy to clipboard](#)

Generated Hash

7AZFQB02PQAZGXJ1Z89SNZ6306WDF0XC

[Copy to clipboard](#)

The client's 'SLK Key' and 'Generated Hash' key will now be displayed.

4. Click 'Copy to clipboard' next to either of these items.
5. Paste this information into your data file.

*Please note: you can only copy one SLK at a time to the clipboard.*

## 1.10. User Guide Change log

### 1.10.1. 14/3/2019

- Edited [Inactivate a Provider Organisation](#)
- Added [Viewing an inactive Provider Organisation](#)
- Updated screenshots for [Organisations](#)
- Updated screenshots for [Service Contacts](#)
- Added reports C3 to [Category C: Monitoring implementation of stepped care](#)
- Added [Correcting upload errors](#)
- Moved example upload error messages to [Uploading Data FAQs](#)

### 1.10.2. 19/11/2018

- Added [Password Expiry Notifications](#)
- Moved [Forgotten or Expired Password](#) from under [Home](#) to under [Passwords](#)
- Edited [Inactivate a Provider Organisation](#)
- Added [Deleting an invitation](#)
- Edited [Editing a user's roles](#)
- Updated screenshots for [Upload](#)
- Edited [A9 - Data quality report - Recording of outcome measures for completed episodes](#)
- Edited [A8 - Data quality report - Recording of outcome measures for open episodes](#)

### 1.10.3. 11/9/2018

- Added reports C1-C2 to [Category C: Monitoring implementation of stepped care](#)

### 1.10.4. 23/7/2018

- Added reports A7-A9 to [Category A: Monitoring progress of MDS implementation](#)
- Added reports B1-B5 to [Category B: Monitoring overall service delivery](#)

### 1.10.5. 13/3/2018

- Added reports A3-A6 to [Category A: Monitoring progress of MDS implementation](#)
- Added [Closing a Client's Episode](#)

## **1.10.6. 19/1/2018**

- Updated screenshots for [Home](#)
- Updated screenshots for [Data Entry](#)
- Updated screenshots for [Data Extract](#)
- Updated screenshots for [Organisations](#)
- Updated screenshots for [Reports](#)
- Updated screenshots for [Upload](#)
- Updated screenshots for [Users](#)
- Updated the question to [Reporting](#)
- Edited the Reporting [Users Roles](#)
- Edited [Passwords](#) to state the password email will be received from [noreply@strategicdata.com.au](mailto:noreply@strategicdata.com.au)

## **1.10.7. 22/12/2017**

- Edited [Reports](#) documentation
- Edited [Data Extract](#)
- Moved [Data Extract](#) out from under [Reports](#)
- Edited the Reporting [Users Roles](#)

## **1.10.8. 08/12/2017**

- Added [Dates explained for Data Extract](#)

## **1.10.9. 20/11/2017**

- Edited [Editing a Practitioner](#)
- Added [Editing a Practitioner Key](#)
- Edited [Editing a Client](#)
- Added [Editing a Client Key](#)
- Edited [Editing a Client's Episode data](#)
- Added [Editing a Episode Key](#)
- Edited [Editing a Client's Service Contacts for an Episode](#)
- Added [Editing a Service Contact Key](#)
- Edited [Editing a Client's Outcome Collection Occasions for an Episode](#)
- Added [Editing a Collection Occasion Key](#)
- Edited [Adding a Client's Outcome Collection Occasions data](#)

## **1.10.10. 25/10/2017**

- Edited [Deleting a Practitioner](#)
- Edited [Deleting a Client](#)
- Edited [Deleting an Episode](#)
- Edited [Deleting an Service Contact](#)

- Edited [Deleting an Outcome Collection Occasion](#)
- Added [Inactive Practitioners](#)

#### **1.10.11. 23/10/2017**

- Edited [Editing a Client](#)

#### **1.10.12. 03/10/2017**

- Edited [Finding a user](#)
- Edited [Adding a new user](#)

#### **1.10.13. 25/9/2017**

- Edited [Viewing a user's roles](#)
- Edited [Editing a user's roles](#)

#### **1.10.14. 25/8/2017**

- Edited [Adding a New Client](#)
- Edited [Editing a Client](#)
- Updated screenshots for [Data Entry](#)

#### **1.10.15. 28/7/2017**

- Removed *Reporting* documentation
- Added [Reports](#) documentation
- Moved [Data Extract](#) under [Reports](#)

#### **1.10.16. 20/7/2017**

- Added [Adding a Client's Outcome Collection Occasions data](#)
- Added [Editing a Client's Outcome Collection Occasions for an Episode](#)
- Added [Deleting an Outcome Collection Occasion](#)

#### **1.10.17. 11/7/2017**

- Edited [Finding a Practitioner](#)
- Edited [Viewing a Practitioner](#)
- Edited [Adding a Practitioner](#)
- Edited [Editing a Practitioner](#)
- Edited [Deleting a Practitioner](#)
- Updated screenshots for [Data Entry](#)

## **1.10.18. 30/6/2017**

- Added [Adding a New Client](#)
- Added [Editing a Client](#)
- Added [Deleting a Client](#)
- Added [Adding a Client's Episode data](#)
- Added [Editing a Client's Episode data](#)
- Added [Deleting an Episode](#)
- Added [Adding a Client's Service Contact data](#)
- Added [Editing a Client's Service Contacts for an Episode](#)
- Added [Deleting an Service Contact](#)
- Updated screenshots for [Data Entry](#)

## **1.10.19. 14/6/2017**

- Added [Adding a Practitioner](#)
- Added [Editing a Practitioner](#)
- Added [Deleting a Practitioner](#)
- Moved [Finding a Practitioner](#) under Data Entry tab
- Moved [Viewing a Practitioner](#) under Data Entry tab
- Moved [Viewing all Organisational Users](#) under Users tab
- Moved [Assigning Extra Roles to an Organisational User](#) under Users tab

## **1.10.20. 26/5/2017**

- Updated screenshots for [Data Entry](#) documentation
- Updated screenshots for [Adding a new user](#)
- Updated screenshots for [Editing a user's roles](#)
- Updated screenshots for [Viewing Upload Details](#)
- Updated screenshots for [Error messages](#)
- Added [Complete uploads](#)

## **1.10.21. 18/5/2017**

- Added [Data Entry](#) documentation
- Added [Viewing a Practitioner](#)
- Added to the [Users Roles](#) section
- Moved [Accepting an invitation to become a PMHC MDS User](#) under Home tab
- Updated screenshots for [Adding a new user](#)
- Updated screenshots for [Editing a user's roles](#)

## **1.10.22. 15/3/2017**

- Updated the references of suborganisations to provider organisation

## **1.10.23. 10/3/2017**

- Added [Adding an existing user](#) documentation
- Updated screenshots for [Accepting an invitation to become a PMHC MDS User](#) to include the Reporting role
- Updated screenshots for [Viewing a user's roles](#) to show roles at an organisation
- Added screenshots for [Logging In](#) to show the pop up count down feature
- Added screenshots for [Uploading a file](#) to include the organisation drop down

## **1.10.24. 24/2/2017**

- Added [Data Extract](#) documentation
- Added *Reporting* documentation
- Added Reporting role information to the [Users Roles](#) section
- Updated screenshots for [Adding a new user](#) to include the Reporting role
- Updated screenshots for [Editing a user's roles](#) to include the Reporting role

## **1.10.25. 8/2/2017**

- Reorganised the documentation to separate User Guide and Frequently Asked Questions
- Updated user guide for user interface changes that created sub tabs

## **2. Data Specification**

### **2.1. Reporting arrangements**

#### **2.1.1. Uploading data**

During the initial stage of implementing the PMHC MDS, PHNs and their service providers will be able to either export data from their client systems and upload to the PMHC MDS or manually create spreadsheets that can then be uploaded.

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

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

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

Data may be uploaded in either Excel or CSV format.

#### **2.1.2. Reporting timeliness**

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

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

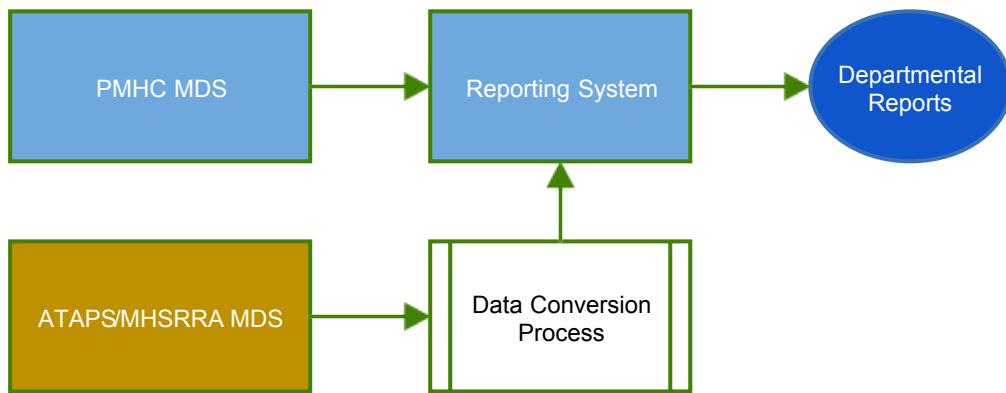
#### **2.1.3. Transition arrangements**

PMHC MDS upload functionality will be separate from the existing ATAPS/MHSRRA MDS. During this initial stage the existing ATAPS/MHSRRA MDS will be kept operational so that ATAPS/MHSRRA organisations can continue to provide data through that system until they are either ready to export data to the new upload interface or until the new data entry interface is available after a later stage of development. Once all ATAPS/MHSRRA organisations are submitting data to the PMHC MDS the ATAPS/MHSRRA MDS will be shut down.

Data for programmes other than ATAPS/MHSRRA will have to be submitted via the PMHC MDS interface.

Organisations should only submit data via one interface, not both.

Data submitted via the existing ATAPS/MHSRRA MDS will be converted and merged with data submitted via the PMHC MDS in order to produce departmental reports.



**Fig. 2.1 Transitional Reporting Process**

#### **2.1.3.1. Transition to Full Compliance**

Refer to the recent Department announcement on the [INFORMATION and ACTION: PHN CEO - Primary Mental Health Care Minimum Data Set Update | June 21, 2017](#).

#### **2.1.4. Support arrangements**

Once the upload specification has been released, support will be available to PHNs and their third party developers to assist with implementing upload facilities in existing client management systems. For those PHNs who do not upload via a client management system, documentation and support will be available to manually create spreadsheets. Once the upload system goes live in October support will be available to assist with uploading data.

### **2.2. Identifier management**

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

#### **2.2.1. Managing Provider Organisation Keys**

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

## **2.2.2. Managing Client Keys**

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

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

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

## **2.2.3. Managing Practitioner, Episode, Service Contact and Outcome Collection Occasion Keys**

The [Practitioner Key](#), [Episode Key](#), [Service Contact Key](#) and [Outcome Collection Occasion Key](#) will be created and managed by Provider Organisations.

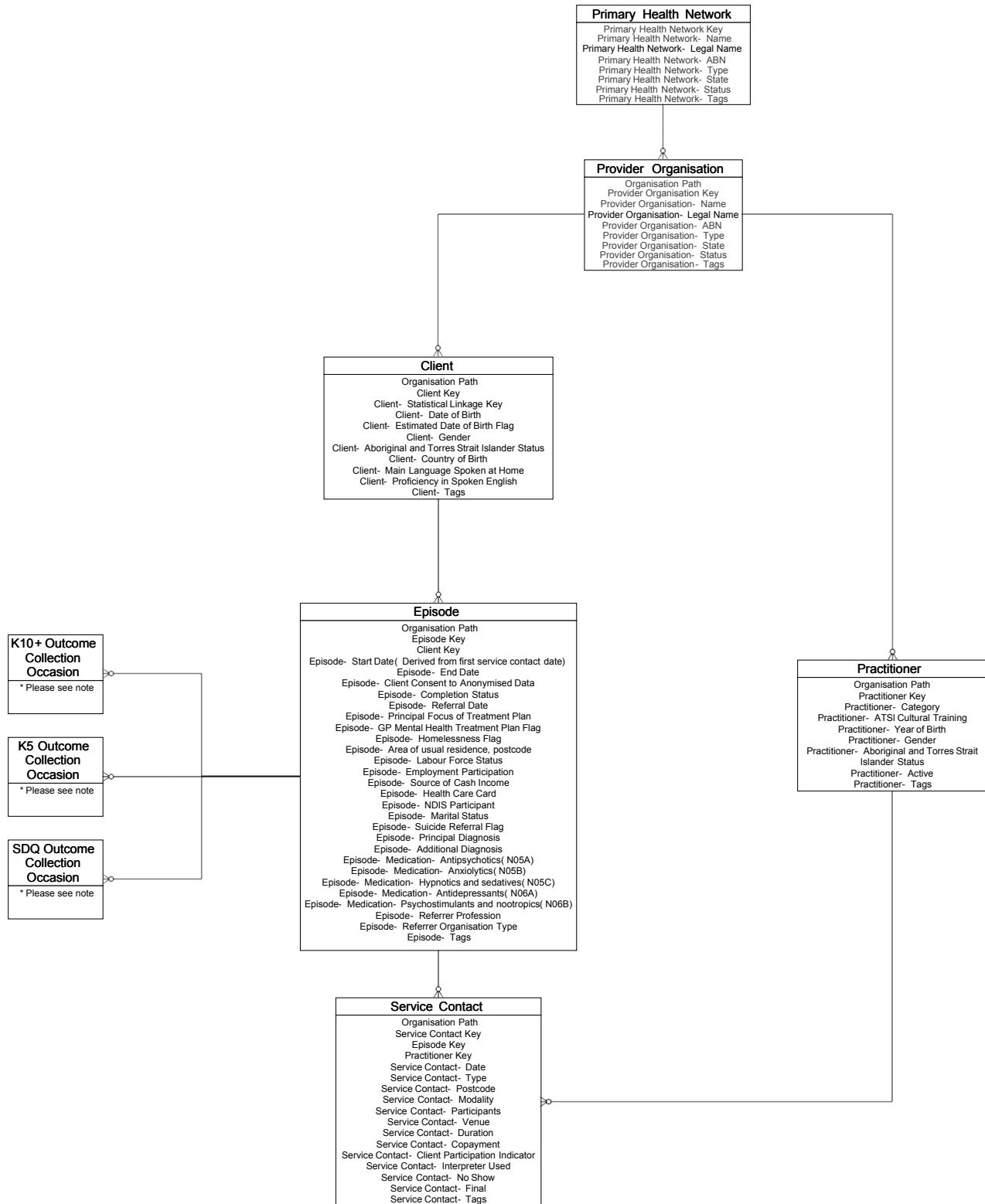
The PMHC MDS specification requires each of these keys to be unique and stable at the Provider Organisation level.

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

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

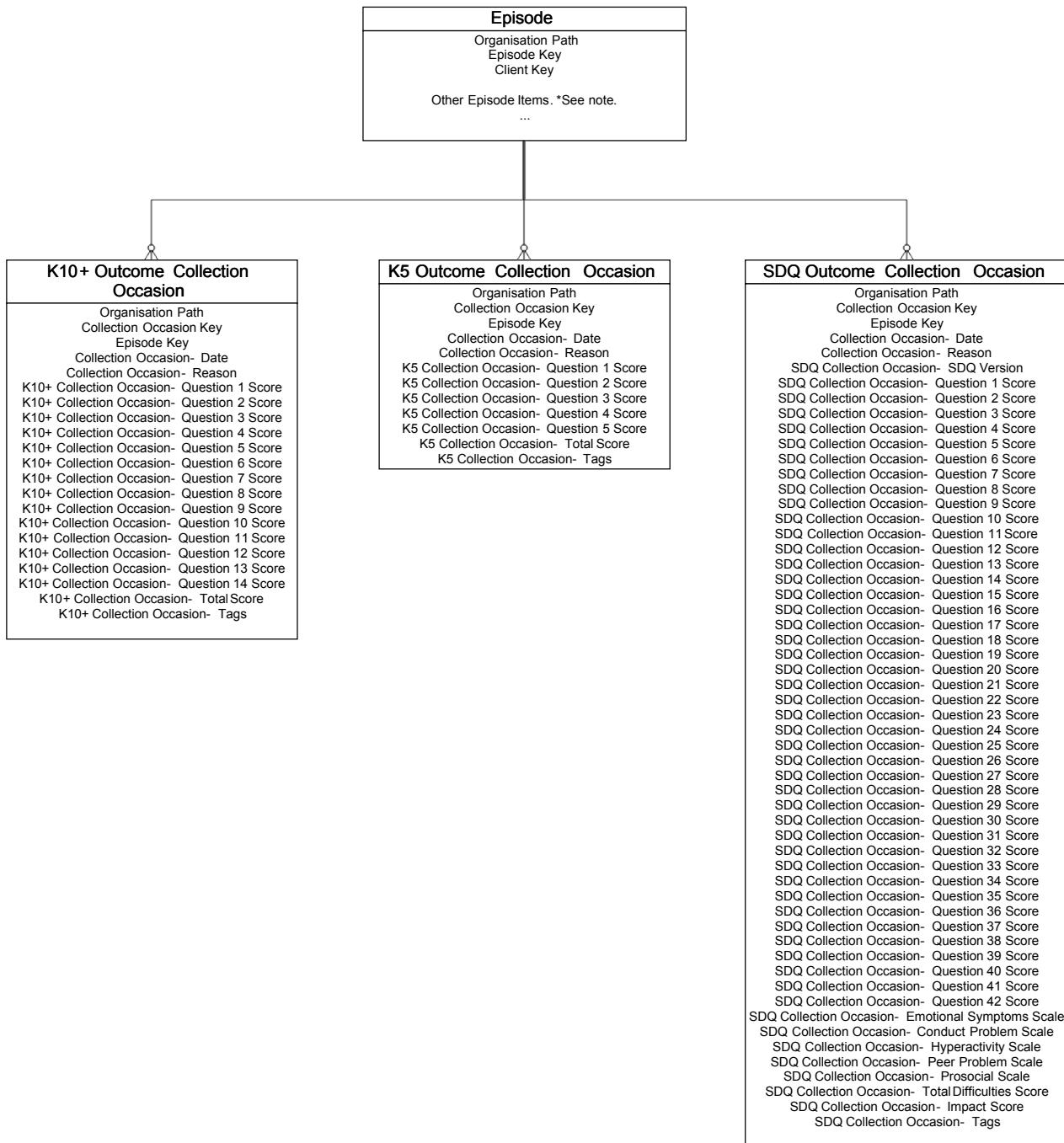
## **2.3. Data model and specifications**

### 2.3.1. Data model



**Fig. 2.2 PMHC data model**

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



**Fig. 2.3 PMHC Collection Occasion data model**

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

### 2.3.2. Key concepts

### **2.3.2.1. Primary Health Network**

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

### **2.3.2.2. Provider Organisation**

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

See [Provider Organisation](#) for the data elements for a provider organisation.

### **2.3.2.3. Practitioner**

The Practitioner is the person who is delivering the service.

See [Practitioner](#) for the data elements for a practitioner.

### **2.3.2.4. Client**

The Client is the person who is receiving the service.

See [Client](#) for the data elements for a client.

### **2.3.2.5. Episode**

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

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

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

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

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

Some examples:

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

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

See [Episode](#) for the data elements for a episode.

#### **2.3.2.6. Service Contact**

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

Definition based on METeOR: [493304](#) with modification.

See [Service Contact](#) for the data elements for a service contact.

#### **2.3.2.7. Outcome Collection Occasion**

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

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

See [Outcome Collection Occasion](#) for the data elements for an outcome collection occasion.

## 2.3.3. Record formats

### 2.3.3.1. Provider Organisation

See [Provider Organisation](#) for the definition of a provider organisation.

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

*Table 2.1 Provider Organisation 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="#">Organisation Key</a> (organisation_key)	string (2,50)	yes	A sequence of characters which uniquely identifies the provider organisation to the Primary Health Network. Assigned by the Primary Health Network.
<a href="#">Provider Organisation - Name</a> (organisation_name)	string (2,100)	yes	The name of the provider organisation.
<a href="#">Provider Organisation - Legal Name</a> (organisation_legal_name)	string	—	The legal name of the provider organisation.
<a href="#">Provider Organisation - ABN</a> (organisation_abn)	string (11)	yes	The Australian Business Number of the provider organisation.

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

Data Element (Field Name)	Type (min,max)	Required	Format / Values
Provider Organisation - State (organisation_state)	string	yes	1: New South Wales 2: Victoria 3: Queensland 4: South Australia 5: Western Australia 6: Tasmania 7: Northern Territory 8: Australian Capital Territory 9: Other Territories
METeOR: <a href="#">613718</a>			
Provider Organisation - Status (organisation_status)	string	yes	0: Inactive 1: Active
Provider Organisation - Tags (organisation_tags)	string	—	List of tags for the provider organisation.

### 2.3.3.2. Practitioner

See [Practitioner](#) for the definition of a practitioner.

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

*Table 2.2 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.

Data Element (Field Name)	Type (min,max)	Required	Format / Values
Practitioner Key (practitioner_key)	string (2,50)	yes	A unique identifier for a practitioner within the responsible provider organisation. Assigned by either the PHN or provider organisation depending on local procedures.
Practitioner - Category (practitioner_category)	string	yes	<p>1: Clinical Psychologist</p> <p>2: General Psychologist</p> <p>3: Social Worker</p> <p>4: Occupational Therapist</p> <p>5: Mental Health Nurse</p> <p>6: Aboriginal and Torres Strait Islander Health/Mental Health Worker</p> <p>7: Low Intensity Mental Health Worker</p> <p>8: General Practitioner</p> <p>9: Psychiatrist</p> <p>10: Other Medical</p> <p>11: Other</p> <p>12: Psychosocial Support Worker</p> <p>13: Peer Support Worker</p> <p>99: Not stated</p>
Practitioner - ATSI Cultural Training (atsi_cultural_training)	string	yes	<p>1: Yes</p> <p>2: No</p> <p>3: Not required</p> <p>9: Missing / Not recorded</p>
Practitioner - Year of Birth (practitioner_year_of_birth)	gYear	yes	gYear

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

### 2.3.3.3. Client

See [Client](#) for definition of a client.

Clients are managed by the provider organisations via upload.

Table 2.3 Client record layout

Data Element (Field Name)	Type (min,max)	Required	Format / Values
Organisation Path (organisation_path)	string	yes	A sequence of colon separated Organisation Keys that fully specifies the Provider Organisation providing a service to the client.
Client Key (client_key)	string (2,50)	yes	This is a number or code assigned to each individual referred to the commissioned organisation. The client identifier is unique and stable for each individual within the PHN.
Client - Statistical Linkage Key (slk)  METeOR: 349510	string (14,40)	yes	A key that enables two or more records belonging to the same individual to be brought together.
Client - Date of Birth (date_of_birth)  METeOR: 287007	date	yes	The date on which an individual was born.
Client - Estimated Date of Birth Flag (est_date_of_birth)	string	yes	<p>1: Date of birth is accurate</p> <p>2: Date of birth is an estimate</p> <p>8: 'dummy' date (ie, 09099999)</p> <p>9: Accuracy of stated date of birth is not known</p>
Client - Gender (client_gender)  ABS	string	yes	<p>0: Not stated/ Inadequately described</p> <p>1: Male</p> <p>2: Female</p> <p>3: Other</p>

Data Element (Field Name)	Type (min,max)	Required	Format / Values
Client - Aboriginal and Torres Strait Islander Status (client_atsi_status)	string	yes	<p>Aboriginal but not Torres Strait Islander origin 1: Torres Strait Islander origin</p> <p>Torres Strait Islander but not Aboriginal origin 2: Torres Strait Islander origin</p> <p>Both Aboriginal and Torres Strait Islander origin 3: Torres Strait Islander origin</p> <p>Neither Aboriginal or Torres Strait Islander origin 4: Torres Strait Islander origin</p> <p>Not stated/ 9: inadequately described</p>

Data Element (Field Name)	Type (min,max)	Required	Format / Values
Client - Country of Birth (country_of_birth)  METeOR: 459973  ABS	string (4)	yes	<p>1101: Australia</p> <p>1102: Norfolk Island</p> <p>Australian External Territories, nec 1199:</p> <p>1201: New Zealand</p> <p>1301: New Caledonia</p> <p>1302: Papua New Guinea</p> <p>1303: Solomon Islands</p> <p>1304: Vanuatu</p> <p>1401: Guam</p> <p>1402: Kiribati</p> <p>1403: Marshall Islands</p> <p>Micronesia, 1404: Federated States of</p> <p>1405: Nauru</p> <p>Northern Mariana Islands 1406:</p> <p>1407: Palau</p> <p>1501: Cook Islands</p> <p>1502: Fiji</p> <p>1503: French Polynesia</p> <p>1504: Niue</p> <p>1505: Samoa</p> <p>1506: Samoa, American</p> <p>1507: Tokelau</p> <p>1508: Tonga</p> <p>1511: Tuvalu</p> <p>1512: Wallis and Futuna</p> <p>1513: Pitcairn Islands</p> <p>Polynesia 1599: (excludes Hawaii), nec</p> <p>1601: Adelie Land (France)</p>

Data Element (Field Name)	Type (min,max)	Required	Format / Values
			1602: Argentinian Antarctic Territory
			1603: Australian Antarctic Territory
			1604: British Antarctic Territory
			1605: Chilean Antarctic Territory
			1606: Queen Maud Land (Norway)
			1607: Ross Dependency (New Zealand)
			2102: England
			2103: Isle of Man
			2104: Northern Ireland
			2105: Scotland
			2106: Wales
			2107: Guernsey
			2108: Jersey
			2201: Ireland
			2301: Austria
			2302: Belgium
			2303: France
			2304: Germany
			2305: Liechtenstein
			2306: Luxembourg
			2307: Monaco
			2308: Netherlands
			2311: Switzerland
			2401: Denmark
			2402: Faroe Islands
			2403: Finland
			2404: Greenland
			2405: Iceland
			2406: Norway
			2407: Sweden

Data Element (Field Name)	Type (min,max)	Required	Format / Values
			<p>2408: Aland Islands</p> <p>3101: Andorra</p> <p>3102: Gibraltar</p> <p>3103: Holy See</p> <p>3104: Italy</p> <p>3105: Malta</p> <p>3106: Portugal</p> <p>3107: San Marino</p> <p>3108: Spain</p> <p>3201: Albania</p> <p>3202: Bosnia and Herzegovina</p> <p>3203: Bulgaria</p> <p>3204: Croatia</p> <p>3205: Cyprus</p> <p>3206: The former Yugoslav Republic of Macedonia</p> <p>3207: Greece</p> <p>3208: Moldova</p> <p>3211: Romania</p> <p>3212: Slovenia</p> <p>3214: Montenegro</p> <p>3215: Serbia</p> <p>3216: Kosovo</p> <p>3301: Belarus</p> <p>3302: Czech Republic</p> <p>3303: Estonia</p> <p>3304: Hungary</p> <p>3305: Latvia</p> <p>3306: Lithuania</p> <p>3307: Poland</p> <p>3308: Russian Federation</p> <p>3311: Slovakia</p>

Data Element (Field Name)	Type (min,max)	Required	Format / Values
			<p>3312: Ukraine</p> <p>4101: Algeria</p> <p>4102: Egypt</p> <p>4103: Libya</p> <p>4104: Morocco</p> <p>4105: Sudan</p> <p>4106: Tunisia</p> <p>4107: Western Sahara</p> <p>4108: Spanish North Africa</p> <p>4111: South Sudan</p> <p>4201: Bahrain</p> <p>4202: Gaza Strip and West Bank</p> <p>4203: Iran</p> <p>4204: Iraq</p> <p>4205: Israel</p> <p>4206: Jordan</p> <p>4207: Kuwait</p> <p>4208: Lebanon</p> <p>4211: Oman</p> <p>4212: Qatar</p> <p>4213: Saudi Arabia</p> <p>4214: Syria</p> <p>4215: Turkey</p> <p>4216: United Arab Emirates</p> <p>4217: Yemen</p> <p>5101: Myanmar</p> <p>5102: Cambodia</p> <p>5103: Laos</p> <p>5104: Thailand</p> <p>5105: Vietnam</p> <p>5201: Brunei Darussalam</p>

Data Element (Field Name)	Type (min,max)	Required	Format / Values
			5202: Indonesia
			5203: Malaysia
			5204: Philippines
			5205: Singapore
			5206: Timor-Leste
			6101: China (excludes SARs and Taiwan)
			6102: Hong Kong (SAR of China)
			6103: Macau (SAR of China)
			6104: Mongolia
			6105: Taiwan
			6201: Japan
			6202: Korea, Democratic People's Republic of (North)
			6203: Korea, Republic of (South)
			7101: Bangladesh
			7102: Bhutan
			7103: India
			7104: Maldives
			7105: Nepal
			7106: Pakistan
			7107: Sri Lanka
			7201: Afghanistan
			7202: Armenia
			7203: Azerbaijan
			7204: Georgia
			7205: Kazakhstan
			7206: Kyrgyzstan
			7207: Tajikistan
			7208: Turkmenistan
			7211: Uzbekistan

Data Element (Field Name)	Type (min,max)	Required	Format / Values
			<p>8101: Bermuda</p> <p>8102: Canada</p> <p>8103: St Pierre and Miquelon</p> <p>8104: United States of America</p> <p>8201: Argentina</p> <p>8202: Bolivia</p> <p>8203: Brazil</p> <p>8204: Chile</p> <p>8205: Colombia</p> <p>8206: Ecuador</p> <p>8207: Falkland Islands</p> <p>8208: French Guiana</p> <p>8211: Guyana</p> <p>8212: Paraguay</p> <p>8213: Peru</p> <p>8214: Suriname</p> <p>8215: Uruguay</p> <p>8216: Venezuela</p> <p>8299: South America, nec</p> <p>8301: Belize</p> <p>8302: Costa Rica</p> <p>8303: El Salvador</p> <p>8304: Guatemala</p> <p>8305: Honduras</p> <p>8306: Mexico</p> <p>8307: Nicaragua</p> <p>8308: Panama</p> <p>8401: Anguilla</p> <p>8402: Antigua and Barbuda</p> <p>8403: Aruba</p> <p>8404: Bahamas</p>

Data Element (Field Name)	Type (min,max)	Required	Format / Values
			8405: Barbados
			8406: Cayman Islands
			8407: Cuba
			8408: Dominica
			8411: Dominican Republic
			8412: Grenada
			8413: Guadeloupe
			8414: Haiti
			8415: Jamaica
			8416: Martinique
			8417: Montserrat
			8421: Puerto Rico
			8422: St Kitts and Nevis
			8423: St Lucia
			8424: St Vincent and the Grenadines
			8425: Trinidad and Tobago
			8426: Turks and Caicos Islands
			8427: Virgin Islands, British
			8428: Virgin Islands, United States
			8431: St Barthelemy
			8432: St Martin (French part)
			8433: Bonaire, Sint Eustatius and Saba
			8434: Curacao
			8435: Sint Maarten (Dutch part)
			9101: Benin
			9102: Burkina Faso
			9103: Cameroon
			9104: Cabo Verde

Data Element (Field Name)	Type (min,max)	Required	Format / Values
			9105: Central African Republic
			9106: Chad
			9107: Congo, Republic of
			9108: Congo, Democratic Republic of
			9111: Cote d'Ivoire
			9112: Equatorial Guinea
			9113: Gabon
			9114: Gambia
			9115: Ghana
			9116: Guinea
			9117: Guinea-Bissau
			9118: Liberia
			9121: Mali
			9122: Mauritania
			9123: Niger
			9124: Nigeria
			9125: Sao Tome and Principe
			9126: Senegal
			9127: Sierra Leone
			9128: Togo
			9201: Angola
			9202: Botswana
			9203: Burundi
			9204: Comoros
			9205: Djibouti
			9206: Eritrea
			9207: Ethiopia
			9208: Kenya
			9211: Lesotho
			9212: Madagascar

Data Element (Field Name)	Type (min,max)	Required	Format / Values
			<p>9213: Malawi</p> <p>9214: Mauritius</p> <p>9215: Mayotte</p> <p>9216: Mozambique</p> <p>9217: Namibia</p> <p>9218: Reunion</p> <p>9221: Rwanda</p> <p>9222: St Helena</p> <p>9223: Seychelles</p> <p>9224: Somalia</p> <p>9225: South Africa</p> <p>9226: Swaziland</p> <p>9227: Tanzania</p> <p>9228: Uganda</p> <p>9231: Zambia</p> <p>9232: Zimbabwe</p> <p>9299: Southern and East Africa, nec</p> <p>9999: Unknown</p>

Data Element (Field Name)	Type (min,max)	Required	Format / Values
Client - Main Language Spoken at Home (main_lang_at_home)  METeOR: <a href="#">460125</a>	string (4)	yes	<p>1101: Gaelic (Scotland)</p> <p>1102: Irish</p> <p>1103: Welsh</p> <p>1199: Celtic, nec</p> <p>1201: English</p> <p>1301: German</p> <p>1302: Letzeburgish</p> <p>1303: Yiddish</p> <p>1401: Dutch</p> <p>1402: Frisian</p> <p>1403: Afrikaans</p> <p>1501: Danish</p> <p>1502: Icelandic</p> <p>1503: Norwegian</p> <p>1504: Swedish</p> <p>1599: Scandinavian, nec</p> <p>1601: Estonian</p> <p>1602: Finnish</p> <p>Finnish and</p> <p>1699: Related Languages, nec</p> <p>2101: French</p> <p>2201: Greek</p> <p>2301: Catalan</p> <p>2302: Portuguese</p> <p>2303: Spanish</p> <p>2399: Iberian Romance, nec</p> <p>2401: Italian</p> <p>2501: Maltese</p> <p>2901: Basque</p> <p>2902: Latin</p> <p>Other Southern European Languages, nec</p> <p>2999: European Languages, nec</p>

Data Element (Field Name)	Type (min,max)	Required	Format / Values
			<p>3101: Latvian</p> <p>3102: Lithuanian</p> <p>3301: Hungarian</p> <p>3401: Belorussian</p> <p>3402: Russian</p> <p>3403: Ukrainian</p> <p>3501: Bosnian</p> <p>3502: Bulgarian</p> <p>3503: Croatian</p> <p>3504: Macedonian</p> <p>3505: Serbian</p> <p>3506: Slovene</p> <p>3507: Serbo-Croatian/ Yugoslavian, so described</p> <p>3601: Czech</p> <p>3602: Polish</p> <p>3603: Slovak</p> <p>3604: Czechoslovakian, so described</p> <p>3901: Albanian</p> <p>3903: Aromunian (Macedo-Romanian)</p> <p>3904: Romanian</p> <p>3905: Romany</p> <p>3999: Other Eastern European Languages, nec</p> <p>4101: Kurdish</p> <p>4102: Pashto</p> <p>4104: Balochi</p> <p>4105: Dari</p> <p>4106: Persian (excluding Dari)</p> <p>4107: Hazaraghi</p> <p>4199: Iranic, nec</p>

Data Element (Field Name)	Type (min,max)	Required	Format / Values
			<p>4202: Arabic</p> <p>4204: Hebrew</p> <p>4206: Assyrian Neo-Aramaic</p> <p>4207: Chaldean Neo-Aramaic</p> <p>4208: Mandaean (Mandaic)</p> <p>4299: Middle Eastern Semitic Languages, nec</p> <p>4301: Turkish</p> <p>4302: Azeri</p> <p>4303: Tatar</p> <p>4304: Turkmen</p> <p>4305: Uygur</p> <p>4306: Uzbek</p> <p>4399: Turkic, nec</p> <p>4901: Armenian</p> <p>4902: Georgian</p> <p>4999: Other Southwest and Central Asian Languages, nec</p> <p>5101: Kannada</p> <p>5102: Malayalam</p> <p>5103: Tamil</p> <p>5104: Telugu</p> <p>5105: Tulu</p> <p>5199: Dravidian, nec</p> <p>5201: Bengali</p> <p>5202: Gujarati</p> <p>5203: Hindi</p> <p>5204: Konkani</p> <p>5205: Marathi</p> <p>5206: Nepali</p> <p>5207: Punjabi</p>

Data Element (Field Name)	Type (min,max)	Required	Format / Values
			<p>5208: Sindhi</p> <p>5211: Sinhalese</p> <p>5212: Urdu</p> <p>5213: Assamese</p> <p>5214: Dhivehi</p> <p>5215: Kashmiri</p> <p>5216: Oriya</p> <p>5217: Fijian Hindustani</p> <p>5299: Indo-Aryan, nec</p> <p>5999: Other Southern Asian Languages</p> <p>6101: Burmese</p> <p>6102: Chin Haka</p> <p>6103: Karen</p> <p>6104: Rohingya</p> <p>6105: Zomi</p> <p>Burmese and 6199: Related Languages, nec</p> <p>6201: Hmong</p> <p>6299: Hmong-Mien, nec</p> <p>6301: Khmer</p> <p>6302: Vietnamese</p> <p>6303: Mon</p> <p>6399: Mon-Khmer, nec</p> <p>6401: Lao</p> <p>6402: Thai</p> <p>6499: Tai, nec</p> <p>6501: Bisaya</p> <p>6502: Cebuano</p> <p>6503: Ilokano</p> <p>6504: Indonesian</p> <p>6505: Malay</p> <p>6507: Tetum</p>

Data Element (Field Name)	Type (min,max)	Required	Format / Values
			<p>6508: Timorese</p> <p>6511: Tagalog</p> <p>6512: Filipino</p> <p>6513: Acehnese</p> <p>6514: Balinese</p> <p>6515: Bikol</p> <p>6516: Iban</p> <p>6517: Illonggo (Hiligaynon)</p> <p>6518: Javanese</p> <p>6521: Pampangan</p> <p>Southeast Asian</p> <p>6599: Austronesian Languages, nec</p> <p>6999: Other Southeast Asian Languages</p> <p>7101: Cantonese</p> <p>7102: Hakka</p> <p>7104: Mandarin</p> <p>7106: Wu</p> <p>7107: Min Nan</p> <p>7199: Chinese, nec</p> <p>7201: Japanese</p> <p>7301: Korean</p> <p>7901: Tibetan</p> <p>7902: Mongolian</p> <p>Other Eastern</p> <p>7999: Asian Languages, nec</p> <p>8101: Anindilyakwa</p> <p>8111: Maung</p> <p>8113: Ngan'gikurunggurr</p> <p>8114: Nunggubuyu</p> <p>8115: Rembarrnga</p> <p>8117: Tiwi</p> <p>8121: Alawa</p>

Data Element (Field Name)	Type (min,max)	Required	Format / Values
			<p>8122: Dalabon</p> <p>8123: Gudanji</p> <p>8127: Iwaidja</p> <p>8128: Jaminjung</p> <p>8131: Jawoyn</p> <p>8132: Jingulu</p> <p>8133: Kunbarlang</p> <p>8136: Larrakiya</p> <p>8137: Malak Malak</p> <p>8138: Mangarrayi</p> <p>8141: Maringarr</p> <p>8142: Marra</p> <p>8143: Marrithiyel</p> <p>8144: Matngala</p> <p>8146: Murrinh Patha</p> <p>8147: Na-kara</p> <p>8148: Ndjebbana (Gunavidji)</p> <p>8151: Ngalakgan</p> <p>8152: Ngaliwurru</p> <p>8153: Nungali</p> <p>8154: Wambaya</p> <p>8155: Wardaman</p> <p>8156: Amurdak</p> <p>8157: Garrwa</p> <p>8158: Kuwema</p> <p>8161: Marramaninyshi</p> <p>8162: Ngandi</p> <p>8163: Waanyi</p> <p>8164: Wagiman</p> <p>8165: Yanyuwa</p> <p>8166: Marridan (Maridan)</p>

Data Element (Field Name)	Type (min,max)	Required	Format / Values
			<p>8171: Gundjeihmi</p> <p>8172: Kune</p> <p>8173: Kuninjku</p> <p>8174: Kunwinjku</p> <p>8175: Mayali</p> <p>8179: Kunwinjku, nec</p> <p>8181: Burarra</p> <p>8182: Gun-nartpa</p> <p>8183: Gurr-goni</p> <p>8189: Burarran, nec</p> <p>8199: Arnhem Land and Daly River Region Languages, nec</p> <p>8211: Galpu</p> <p>8212: Golumala</p> <p>8213: Wangurri</p> <p>8219: Dhangu, nec</p> <p>8221: Dhalwangu</p> <p>8222: Djarrwark</p> <p>8229: Dhay'yi, nec</p> <p>8231: Djambarrpuyngu</p> <p>8232: Djapu</p> <p>8233: Daatiwuy</p> <p>8234: Marrangu</p> <p>8235: Liagalawumirr</p> <p>8236: Liyagawumirr</p> <p>8239: Dhuwal, nec</p> <p>8242: Gumatj</p> <p>8243: Gupapuyngu</p> <p>8244: Guyamirrilili</p> <p>8246: Manggalili</p> <p>8247: Wubulkarra</p> <p>8249: Dhuwala, nec</p>

Data Element (Field Name)	Type (min,max)	Required	Format / Values
			<p>8251: Wurlaki</p> <p>8259: Djinang, nec</p> <p>8261: Ganalbingu</p> <p>8262: Djinba</p> <p>8263: Manyjalpingu</p> <p>8269: Djinba, nec</p> <p>8271: Ritharrngu</p> <p>8272: Wagilak</p> <p>8279: Yakuy, nec</p> <p>8281: Nhangu</p> <p>8282: Yan-nhangu</p> <p>8289: Nhangu, nec</p> <p>8291: Dhuwaya</p> <p>8292: Djangu</p> <p>8293: Madarrpa</p> <p>8294: Warramiri</p> <p>8295: Rirratjingu</p> <p>8299: Other Yolngu Matha, nec</p> <p>8301: Kuku Yalanji</p> <p>8302: Guugu Yimidhirr</p> <p>8303: Kuuku-Ya'u</p> <p>8304: Wik Mungkan</p> <p>8305: Djabugay</p> <p>8306: Dyirbal</p> <p>8307: Girramay</p> <p>8308: Koko-Bera</p> <p>8311: Kuuk Thayorre</p> <p>8312: Lamalama</p> <p>8313: Yidiny</p> <p>8314: Wik Ngathan</p> <p>8315: Alngith</p> <p>8316: Kugu Muminh</p>

Data Element (Field Name)	Type (min,max)	Required	Format / Values
			<p>8317: Morrobalama</p> <p>8318: Thaynakwith</p> <p>8321: Yupangathi</p> <p>8322: Tjungundji</p> <p>Cape York</p> <p>8399: Peninsula Languages, nec</p> <p>8401: Kalaw Kawaw Ya/ Kalaw Lagaw Ya</p> <p>8402: Meriam Mir</p> <p>8403: Yumplatok (Torres Strait Creole)</p> <p>8504: Bilinarra</p> <p>8505: Gurindji</p> <p>8506: Gurindji Kriol</p> <p>8507: Jaru</p> <p>8508: Light Warlpiri</p> <p>8511: Malngin</p> <p>8512: Mudburra</p> <p>8514: Ngardi</p> <p>8515: Ngarinyman</p> <p>8516: Walmajarri</p> <p>8517: Wanyjirra</p> <p>8518: Warlmanpa</p> <p>8521: Warlpiri</p> <p>8522: Warumungu</p> <p>Northern Desert</p> <p>8599: Fringe Area Languages, nec</p> <p>8603: Alyawarr</p> <p>8606: Kaytetye</p> <p>8607: Antekerrepenh</p> <p>8611: Central Anmatyerr</p> <p>8612: Eastern Anmatyerr</p> <p>8619: Anmatyerr, nec</p>

Data Element (Field Name)	Type (min,max)	Required	Format / Values
			<p>8621: Eastern Arrernte</p> <p>8622: Western Arrarnta</p> <p>8629: Arrernte, nec</p> <p>8699: Arandic, nec</p> <p>8703: Antikarinya</p> <p>8704: Kartujarra</p> <p>8705: Kukatha</p> <p>8706: Kukatja</p> <p>8707: Luritja</p> <p>8708: Manyjilyjarra</p> <p>8711: Martu Wangka</p> <p>8712: Ngaanyatjarra</p> <p>8713: Pintupi</p> <p>8714: Pitjantjatjara</p> <p>8715: Wangkajunga</p> <p>8716: Wangkatha</p> <p>8717: Warnman</p> <p>8718: Yankunytjatjara</p> <p>8721: Yulparija</p> <p>8722: Tjupany</p> <p>8799: Western Desert Languages, nec</p> <p>8801: Bardi</p> <p>8802: Bunuba</p> <p>8803: Gooniyandi</p> <p>8804: Miriwoong</p> <p>8805: Ngarinyin</p> <p>8806: Nyikina</p> <p>8807: Worla</p> <p>8808: Worrorra</p> <p>8811: Wunambal</p> <p>8812: Yawuru</p> <p>8813: Gambera</p>

Data Element (Field Name)	Type (min,max)	Required	Format / Values
			<p>8814: Jawi</p> <p>8815: Kija</p> <p>8899: Kimberley Area Languages, nec</p> <p>8901: Adnymathanhha</p> <p>8902: Arabana</p> <p>8903: Bandjalang</p> <p>8904: Banyjima</p> <p>8905: Batjala</p> <p>8906: Bidjara</p> <p>8907: Dhanggatti</p> <p>8908: Diyari</p> <p>8911: Gamilaraay</p> <p>8913: Garuwali</p> <p>8914: Githabul</p> <p>8915: Gumbaynggir</p> <p>8916: Kanai</p> <p>8917: Karajarri</p> <p>8918: Kariyarra</p> <p>8921: Kaurna</p> <p>8922: Kayardild</p> <p>8924: Kriol</p> <p>8925: Lardil</p> <p>8926: Mangala</p> <p>8927: Muruwari</p> <p>8928: Narungga</p> <p>8931: Ngarluma</p> <p>8932: Ngarrindjeri</p> <p>8933: Nyamal</p> <p>8934: Nyangumarta</p> <p>8935: Nyungar</p> <p>8936: Paakantyi</p> <p>8937: Palyku/Niyiyaparli</p>

Data Element (Field Name)	Type (min,max)	Required	Format / Values
			<p>8938: Wajarri</p> <p>8941: Wiradjuri</p> <p>8943: Yindjibarndi</p> <p>8944: Yinhawangka</p> <p>8945: Yorta Yorta</p> <p>8946: Baanbay</p> <p>8947: Badimaya</p> <p>8948: Barababaraba</p> <p>8951: Dadi Dadi</p> <p>8952: Dharawal</p> <p>8953: Djabwurrung</p> <p>8954: Gudjal</p> <p>8955: Keerray-Woorroong</p> <p>8956: Ladji Ladji</p> <p>8957: Mirning</p> <p>8958: Ngatjumaya</p> <p>8961: Waluwarra</p> <p>8962: Wangkangurru</p> <p>8963: Wargamay</p> <p>8964: Wergaia</p> <p>8965: Yugambeh</p> <p>8998: Aboriginal English, so described</p> <p>8999: Other Australian Indigenous Languages, nec</p> <p>9101: American Languages</p> <p>9201: Acholi</p> <p>9203: Akan</p> <p>9205: Mauritian Creole</p> <p>9206: Oromo</p> <p>9207: Shona</p> <p>9208: Somali</p>

Data Element (Field Name)	Type (min,max)	Required	Format / Values
			<p>9211: Swahili</p> <p>9212: Yoruba</p> <p>9213: Zulu</p> <p>9214: Amharic</p> <p>9215: Bemba</p> <p>9216: Dinka</p> <p>9217: Ewe</p> <p>9218: Ga</p> <p>9221: Harari</p> <p>9222: Hausa</p> <p>9223: Igbo</p> <p>9224: Kikuyu</p> <p>9225: Krio</p> <p>9226: Luganda</p> <p>9227: Luo</p> <p>9228: Ndebele</p> <p>9231: Nuer</p> <p>9232: Nyanja (Chichewa)</p> <p>9233: Shilluk</p> <p>9234: Tigre</p> <p>9235: Tigrinya</p> <p>9236: Tswana</p> <p>9237: Xhosa</p> <p>9238: Seychelles Creole</p> <p>9241: Anuak</p> <p>9242: Bari</p> <p>9243: Bassa</p> <p>9244: Dan (Gio-Dan)</p> <p>9245: Fulfulde</p> <p>9246: Kinyarwanda (Rwanda)</p> <p>9247: Kirundi (Rundi)</p> <p>9248: Kpelle</p>

Data Element (Field Name)	Type (min,max)	Required	Format / Values
			<p>9251: Krahn</p> <p>9252: Liberian (Liberian English)</p> <p>9253: Loma (Lorma)</p> <p>9254: Lumun (Kuku Lumun)</p> <p>9255: Madi</p> <p>9256: Mandinka</p> <p>9257: Mann</p> <p>9258: Moro (Nuba Moro)</p> <p>9261: Themne</p> <p>9262: Lingala</p> <p>9299: African Languages, nec</p> <p>9301: Fijian</p> <p>9302: Gilbertese</p> <p>9303: Maori (Cook Island)</p> <p>9304: Maori (New Zealand)</p> <p>9306: Nauruan</p> <p>9307: Niue</p> <p>9308: Samoan</p> <p>9311: Tongan</p> <p>9312: Rotuman</p> <p>9313: Tokelauan</p> <p>9314: Tuvaluan</p> <p>9315: Yapese</p> <p>9399: Pacific Austronesian Languages, nec</p> <p>9402: Bislama</p> <p>9403: Hawaiian English</p> <p>9404: Norf'k-Pitcairn</p> <p>9405: Solomon Islands Pijin</p> <p>9499: Oceanian Pidgins and Creoles, nec</p>

Data Element (Field Name)	Type (min,max)	Required	Format / Values
			<p>9502: Kiwai</p> <p>9503: Motu (HiriMotu)</p> <p>9504: Tok Pisin (Neomelanesian)</p> <p>9599: Papua New Guinea Languages, nec</p> <p>9601: Invented Languages</p> <p>9701: Auslan</p> <p>9702: Key Word Sign Australia</p> <p>9799: Sign Languages, nec</p> <p>9999: Unknown</p>
Client - Proficiency in Spoken English (prof_english)  METeOR: 270203	string	yes	<p>0: Not applicable (persons under 5 years of age or who speak only English)</p> <p>1: Very well</p> <p>2: Well</p> <p>3: Not well</p> <p>4: Not at all</p> <p>9: Not stated/ inadequately described</p>
Client - Tags (client_tags)	string	—	List of tags for the client.

#### 2.3.3.4. Episode

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

Episodes are managed by the provider organisations via upload.

Table 2.4 Episode record layout

Data Element (Field Name)	Type (min,max)	Required	Format / Values
Organisation Path (organisation_path)	string	yes	A sequence of colon separated Organisation Keys that fully specifies the Provider Organisation providing a service to the client.
Episode Key (episode_key)	string (2,50)	yes	This is a number or code assigned to each episode. The Episode Key is unique and stable for each episode at the level of the organisation.
Client Key (client_key)	string (2,50)	yes	This is a number or code assigned to each individual referred to the commissioned organisation. The client identifier is unique and stable for each individual at the level of the PMHC top level organisation.
Episode - End Date (episode_end_date)  METeOR: 614094	date	—	The date on which an <i>Episode of Care</i> is formally or administratively ended
Episode - Client Consent to Anonymised Data (client_consent)	string	yes	1: Yes 2: No

Data Element (Field Name)	Type (min,max)	Required	Format / Values
Episode - Completion Status (episode_completion_status)	string	—	<p>0: Episode open</p> <p>1: Episode closed - treatment concluded</p> <p>2: Episode closed administratively - client could not be contacted</p> <p>3: Episode closed administratively - client declined further contact</p> <p>4: Episode closed administratively - client moved out of area</p> <p>5: Episode closed administratively - client referred elsewhere</p> <p>6: Episode closed administratively - other reason</p>
Episode - Referral Date (referral_date)	date	—	The date the referrer made the referral.
Episode - Principal Focus of Treatment Plan (principal_focus)	string	yes	<p>1: Psychological therapy</p> <p>2: Low intensity psychological intervention</p> <p>3: Clinical care coordination</p> <p>4: Complex care package</p> <p>5: Child and youth-specific mental health services</p> <p>6: Indigenous-specific mental health services</p> <p>7: Other</p> <p>8: Psychosocial Support</p>

Data Element (Field Name)	Type (min,max)	Required	Format / Values
Episode - GP Mental Health Treatment Plan Flag (mental_health_treatment_plan)	string	yes	<p>1: Yes</p> <p>2: No</p> <p>3: Unknown</p> <p>Not stated/ 9: inadequately described</p>
Episode - Homelessness Flag (homelessness)	string	yes	<p>1: Sleeping rough or in non-conventional accommodation</p> <p>2: Short-term or emergency accommodation</p> <p>3: Not homeless</p> <p>9: Not stated / Missing</p>
Episode - Area of usual residence, postcode (client_postcode)	string	yes	The Australian postcode of the client.
METeOR: <a href="#">429894</a>			
Episode - Labour Force Status (labour_force_status)	string	yes	<p>1: Employed</p> <p>2: Unemployed</p> <p>3: Not in the Labour Force</p> <p>Not stated/ 9: inadequately described</p>
METeOR: <a href="#">621450</a>			
Episode - Employment Participation (employment_participation)	string	yes	<p>1: Full-time</p> <p>2: Part-time</p> <p>Not applicable - 3: not in the labour force</p> <p>Not stated/ 9: inadequately described</p>
METeOR: <a href="#">269950</a>			

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

Data Element (Field Name)	Type (min,max)	Required	Format / Values
Episode - Suicide Referral Flag (suicide_referral_flag)	string	yes	<p>1: Yes</p> <p>2: No</p> <p>9: Unknown</p>

Data Element (Field Name)	Type (min,max)	Required	Format / Values
Episode - Principal Diagnosis (principal_diagnosis)	string	yes	<p>Anxiety disorders (ATAPS)</p> <p>100: Generalised anxiety disorder</p> <p>101: Panic disorder</p> <p>102: Agoraphobia</p> <p>103: Social phobia</p> <p>104: Obsessive-compulsive disorder</p> <p>105: Post-traumatic stress disorder</p> <p>106: Acute stress disorder</p> <p>107: Other anxiety disorder</p> <p>200: Affective (Mood) disorders (ATAPS)</p> <p>201: Major depressive disorder</p> <p>202: Dysthymia</p> <p>203: Depressive disorder NOS</p> <p>204: Bipolar disorder</p> <p>205: Cyclothymic disorder</p> <p>206: Other affective disorder</p> <p>300: Substance use disorders (ATAPS)</p> <p>301: Alcohol harmful use</p> <p>302: Alcohol dependence</p> <p>303: Other drug harmful use</p> <p>304: Other drug dependence</p> <p>305: Other substance use disorder</p>

Data Element (Field Name)	Type (min,max)	Required	Format / Values
			Psychotic 400: disorders (ATAPS)
			401: Schizophrenia
			402: Schizoaffective disorder
			403: Brief psychotic disorder
			404: Other psychotic disorder
			Separation 501: anxiety disorder
			Attention deficit 502: hyperactivity disorder (ADHD)
			503: Conduct disorder
			Oppositional defiant disorder 504:
			Pervasive developmental disorder 505:
			Other disorder of childhood and adolescence 506:
			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

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

Data Element (Field Name)	Type (min,max)	Required	Format / Values
Episode - Additional Diagnosis (additional_diagnosis)	string	yes	<p>000: No additional diagnosis</p> <p>100: Anxiety disorders (ATAPS)</p> <p>101: Panic disorder</p> <p>102: Agoraphobia</p> <p>103: Social phobia</p> <p>104: Generalised anxiety disorder</p> <p>105: Obsessive-compulsive disorder</p> <p>106: Post-traumatic stress disorder</p> <p>107: Acute stress disorder</p> <p>108: Other anxiety disorder</p> <p>200: Affective (Mood) disorders (ATAPS)</p> <p>201: Major depressive disorder</p> <p>202: Dysthymia</p> <p>203: Depressive disorder NOS</p> <p>204: Bipolar disorder</p> <p>205: Cyclothymic disorder</p> <p>206: Other affective disorder</p> <p>300: Substance use disorders (ATAPS)</p> <p>301: Alcohol harmful use</p> <p>302: Alcohol dependence</p> <p>303: Other drug harmful use</p> <p>304: Other drug dependence</p>

Data Element (Field Name)	Type (min,max)	Required	Format / Values
			Other 305: substance use disorder
			Psychotic 400: disorders (ATAPS)
			401: Schizophrenia
			402: Schizoaffective disorder
			403: Brief psychotic disorder
			Other 404: psychotic disorder
			Separation 501: anxiety disorder
			Attention deficit 502: hyperactivity disorder (ADHD)
			Conduct disorder 503:
			Oppositional defiant disorder 504:
			Pervasive developmental disorder 505:
			Other disorder of childhood and adolescence 506:
			Adjustment disorder 601:
			Eating disorder 602:
			Somatoform disorder 603:
			Personality disorder 604:
			Other mental disorder 605:
			Anxiety symptoms 901:
			Depressive symptoms 902:
			Mixed anxiety and depressive symptoms 903:
			Stress related 904:

Data Element (Field Name)	Type (min,max)	Required	Format / Values
			905: Other 999: Missing
Episode - Medication - Antipsychotics (N05A) (medication_antipsychotics)	string	yes	1: Yes 2: No 9: Unknown
Episode - Medication - Anxiolytics (N05B) (medication_anxiolytics)	string	yes	1: Yes 2: No 9: Unknown
Episode - Medication - Hypnotics and sedatives (N05C) (medication_hypnotics)	string	yes	1: Yes 2: No 9: Unknown
Episode - Medication - Antidepressants (N06A) (medication_antidepressants)	string	yes	1: Yes 2: No 9: Unknown
Episode - Medication - Psychostimulants and nootropics (N06B) (medication_psychostimulants)	string	yes	1: Yes 2: No 9: Unknown

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

Data Element (Field Name)	Type (min,max)	Required	Format / Values
Episode - Referrer Organisation Type (referrer_organisation_type)	string	yes	<p>1: General Practice</p> <p>2: Medical Specialist Consulting Rooms</p> <p>3: Private practice</p> <p>4: Public mental health service</p> <p>5: Public Hospital</p> <p>6: Private Hospital</p> <p>7: Emergency Department</p> <p>8: Community Health Centre</p> <p>9: Drug and Alcohol Service</p> <p>10: Community Support Organisation NFP</p> <p>11: Indigenous Health Organisation</p> <p>12: Child and Maternal Health</p> <p>13: Nursing Service</p> <p>14: Telephone helpline</p> <p>15: Digital health service</p> <p>16: Family Support Service</p> <p>17: School</p> <p>18: Tertiary Education institution</p> <p>19: Housing service</p> <p>20: Centrelink</p> <p>21: Other</p> <p>98: N/A - Self referral</p> <p>99: Not stated</p>
Episode - Tags (episode_tags)	string	—	List of tags for the episode.

### 2.3.3.5. Service Contact

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

Service contacts are managed by the provider organisations via upload.

*Table 2.5 Service contact record layout*

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

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

Data Element (Field Name)	Type (min,max)	Required	Format / Values
<a href="#">Service Contact - Participants</a> (service_contact_participants)	string	yes	<p>1: Individual client</p> <p>2: Client group</p> <p>3: Family / Client Support Network</p> <p>4: Other health professional or service provider</p> <p>5: Other</p> <p>9: Not stated</p>

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

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

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

### 2.3.3.6. Outcome Collection Occasion

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

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

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

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

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

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

### 2.3.3.6.1. K10+

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

*Table 2.6 K10+ record layout*

Data Element (Field Name)	Type (min,max)	Required	Format / Values
Organisation Path (organisation_path)	string	yes	A sequence of colon separated Organisation Keys that fully specifies the Provider Organisation providing a service to the client.
Collection Occasion Key (collection_occasion_key)	string (2,50)	yes	This is a number or code assigned to each collection occasion of outcome measures. The Collection Occasion Key is unique and stable for each collection occasion at the level of the organisation.
Episode Key (episode_key)	string (2,50)	yes	
Collection Occasion - Measure Date (measure_date)	date	yes	The date the measure was given.
Collection Occasion - Reason (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>
K10+ - Question 1 (k10p_item1)	string	yes	<ul style="list-style-type: none"> <li>1: None of the time</li> <li>2: A little of the time</li> <li>3: Some of the time</li> <li>4: Most of the time</li> <li>5: All of the time</li> <li>9: Not stated / Missing</li> </ul>

Data Element (Field Name)	Type (min,max)	Required	Format / Values
K10+ - Question 2 (k10p_item2)	string	yes	<p>1: None of the time</p> <p>2: A little of the time</p> <p>3: Some of the time</p> <p>4: Most of the time</p> <p>5: All of the time</p> <p>9: Not stated / Missing</p>
K10+ - Question 3 (k10p_item3)	string	yes	<p>1: None of the time</p> <p>2: A little of the time</p> <p>3: Some of the time</p> <p>4: Most of the time</p> <p>5: All of the time</p> <p>9: Not stated / Missing</p>
K10+ - Question 4 (k10p_item4)	string	yes	<p>1: None of the time</p> <p>2: A little of the time</p> <p>3: Some of the time</p> <p>4: Most of the time</p> <p>5: All of the time</p> <p>9: Not stated / Missing</p>

Data Element (Field Name)	Type (min,max)	Required	Format / Values
K10+ - Question 5 (k10p_item5)	string	yes	<p>1: None of the time</p> <p>2: A little of the time</p> <p>3: Some of the time</p> <p>4: Most of the time</p> <p>5: All of the time</p> <p>9: Not stated / Missing</p>
K10+ - Question 6 (k10p_item6)	string	yes	<p>1: None of the time</p> <p>2: A little of the time</p> <p>3: Some of the time</p> <p>4: Most of the time</p> <p>5: All of the time</p> <p>9: Not stated / Missing</p>
K10+ - Question 7 (k10p_item7)	string	yes	<p>1: None of the time</p> <p>2: A little of the time</p> <p>3: Some of the time</p> <p>4: Most of the time</p> <p>5: All of the time</p> <p>9: Not stated / Missing</p>

Data Element (Field Name)	Type (min,max)	Required	Format / Values
K10+ - Question 8 (k10p_item8)	string	yes	<p>1: None of the time</p> <p>2: A little of the time</p> <p>3: Some of the time</p> <p>4: Most of the time</p> <p>5: All of the time</p> <p>9: Not stated / Missing</p>
K10+ - Question 9 (k10p_item9)	string	yes	<p>1: None of the time</p> <p>2: A little of the time</p> <p>3: Some of the time</p> <p>4: Most of the time</p> <p>5: All of the time</p> <p>9: Not stated / Missing</p>
K10+ - Question 10 (k10p_item10)	string	yes	<p>1: None of the time</p> <p>2: A little of the time</p> <p>3: Some of the time</p> <p>4: Most of the time</p> <p>5: All of the time</p> <p>9: Not stated / Missing</p>
K10+ - Question 11 (k10p_item11)	integer	yes	0 - 28, 99 = Not stated / Missing
K10+ - Question 12 (k10p_item12)	integer	yes	0 - 28, 99 = Not stated / Missing
K10+ - Question 13 (k10p_item13)	integer	yes	0 - 89, 99 = Not stated / Missing

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

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

#### 2.3.3.6.2. K5

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

*Table 2.7 K5 record layout*

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

Data Element (Field Name)	Type (min,max)	Required	Format / Values
Collection Occasion - Reason (reason_for_collection)	string	yes	<p>1: Episode start</p> <p>2: Review</p> <p>3: Episode end</p>
K5 - Question 1 (k5_item1)	string	yes	<p>1: None of the time</p> <p>2: A little of the time</p> <p>3: Some of the time</p> <p>4: Most of the time</p> <p>5: All of the time</p> <p>9: Not stated / Missing</p>
K5 - Question 2 (k5_item2)	string	yes	<p>1: None of the time</p> <p>2: A little of the time</p> <p>3: Some of the time</p> <p>4: Most of the time</p> <p>5: All of the time</p> <p>9: Not stated / Missing</p>
K5 - Question 3 (k5_item3)	string	yes	<p>1: None of the time</p> <p>2: A little of the time</p> <p>3: Some of the time</p> <p>4: Most of the time</p> <p>5: All of the time</p> <p>9: Not stated / Missing</p>

Data Element (Field Name)	Type (min,max)	Required	Format / Values
K5 - Question 4 (k5_item4)	string	yes	1: None of the time 2: A little of the time 3: Some of the time 4: Most of the time 5: All of the time 9: Not stated / Missing
K5 - Question 5 (k5_item5)	string	yes	1: None of the time 2: A little of the time 3: Some of the time 4: Most of the time 5: All of the time 9: Not stated / Missing
K5 - Score (k5_score)	integer	yes	5 - 25, 99 = Not stated / Missing
K5 - Tags (k5_tags)	string	—	List of tags for the collection occasion.

### 2.3.3.6.3. SDQ

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

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

The versions specified for PMHC MDS reporting are:

- PC1 - Parent Report Measure for Children aged 4-10, Baseline version;
- PC2 - Parent Report Measure for Children and Adolescents aged 4-10, Follow up version;
- PY1 - Parent Report Measure for Youth aged 11-17, Baseline version;

- PY2 - Parent Report Measure for Youth aged 11-17, Follow up version;
- YR1 - Youth self report measure (11-17), Baseline version; and
- YR2 - Youth self report measure (11-17), Follow up version.

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

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

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

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

#### 2.3.3.6.3.1. SDQ items and Scale Summary scores

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

		Not True	Some-what True	Certainly True	Summary Score
<b>Standard Values for Data Entry</b>		0	1	2	
Data element	SDQ Item number and description	Item Score			
<i>Emotional Symptoms Scale</i>					0-10
Item 03	Often complains of headaches ...	0	1	2	
Item 08	Many worries or often seems worried	0	1	2	
Item 13	Often unhappy, depressed or tearful	0	1	2	
Item 16	Nervous or clingy in new situations ...	0	1	2	
Item 24	Many fears, easily scared	0	1	2	
<i>Conduct Problem Scale</i>					0-10
Item 05	Often loses temper ...	0	1	2	
<b>Item 07</b>	<b>Generally well behaved ...</b>	<b>2</b>	<b>1</b>	<b>0</b>	
Item 12	Often fights with other children ...	0	1	2	
Item 18	Often lies or cheats	0	1	2	
Item 22	Steals from home, school ...	0	1	2	
<i>Hyperactivity Scale</i>					0-10
Item 02	Restless, overactive ...	0	1	2	
Item 10	Constantly fidgeting ...	0	1	2	
Item 15	Easily distracted ...	0	1	2	
<b>Item 21</b>	<b>Thinks things out before acting</b>	<b>2</b>	<b>1</b>	<b>0</b>	
<b>Item 25</b>	<b>Good attention span ...</b>	<b>2</b>	<b>1</b>	<b>0</b>	
<i>Peer Problem Scale</i>					0-10
Item 06	Rather solitary, prefers to play alone	0	1	2	
<b>Item 11</b>	<b>Has at least one good friend</b>	<b>2</b>	<b>1</b>	<b>0</b>	
<b>Item 14</b>	<b>Generally liked by other children</b>	<b>2</b>	<b>1</b>	<b>0</b>	
Item 19	Picked on or bullied ...	0	1	2	
Item 23	Gets along better with adults ...	0	1	2	
<i>Prosocial Scale</i>					0-10
Item 01	Considerate of other people's feelings	0	1	2	

		Not True	Some-what True	Certainly True	Summary Score
Standard Values for Data Entry		0	1	2	
Data element	SDQ Item number and description	Item Score			
Item 04	Shares readily with other children ...	0	1	2	
Item 09	Helpful if someone is hurt ...	0	1	2	
Item 17	Kind to younger children	0	1	2	
Item 20	Often volunteers to help others ...	0	1	2	
<i>SDQ Total Difficulties Score = Sum of Scales below</i>					0-40
	<i>Emotional Symptoms Scale</i>	0-10			
	<i>Conduct Problem Scale</i>	0-10			
	<i>Hyperactivity Scale</i>	0-10			
	<i>Peer Problem Scale</i>	0-10			

- *NB. Bold items indicate reverse scoring*

#### 2.3.3.6.3.2. Scoring the SDQ

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

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

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

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

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

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

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

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

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

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

*Table 2.8 SDQ 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 outcome measures. 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	
<a href="#">Collection Occasion - Measure Date</a> (measure_date)	date	yes	The date the measure was given.
<a href="#">Collection Occasion - Reason</a> (reason_for_collection)	string	yes	1: Episode start 2: Review 3: Episode end

Data Element (Field Name)	Type (min,max)	Required	Format / Values
SDQ Collection Occasion - Version (sdq_version)	string	yes	<b>PC101:</b> Parent Report Measure 4-10 yrs, Baseline version, Australian Version 1  <b>PC201:</b> Parent Report Measure 4-10 yrs, Follow Up version, Australian Version 1  <b>PY101:</b> Parent Report Measure 11-17 yrs, Baseline version, Australian Version 1  <b>PY201:</b> Parent Report Measure 11-17 yrs, Follow Up version, Australian Version 1  <b>YR101:</b> Self report Version, 11-17 years, Baseline version, Australian Version 1  <b>YR201:</b> Self report Version, 11-17 years, Follow Up version, Australian Version 1
SDQ - Question 1 (sdq_item1)	string	yes	0: Not True 1: Somewhat True 2: Certainly True  7: Unable to rate (insufficient information)  9: Not stated / Missing

Data Element (Field Name)	Type (min,max)	Required	Format / Values
SDQ - Question 2 (sdq_item2)	string	yes	0: Not True 1: Somewhat True 2: Certainly True 7: Unable to rate (insufficient information) 9: Not stated / Missing
SDQ - Question 3 (sdq_item3)	string	yes	0: Not True 1: Somewhat True 2: Certainly True 7: Unable to rate (insufficient information) 9: Not stated / Missing
SDQ - Question 4 (sdq_item4)	string	yes	0: Not True 1: Somewhat True 2: Certainly True 7: Unable to rate (insufficient information) 9: Not stated / Missing
SDQ - Question 5 (sdq_item5)	string	yes	0: Not True 1: Somewhat True 2: Certainly True 7: Unable to rate (insufficient information) 9: Not stated / Missing

Data Element (Field Name)	Type (min,max)	Required	Format / Values
SDQ - Question 6 (sdq_item6)	string	yes	0: Not True 1: Somewhat True 2: Certainly True 7: Unable to rate (insufficient information) 9: Not stated / Missing
SDQ - Question 7 (sdq_item7)	string	yes	0: Not True 1: Somewhat True 2: Certainly True 7: Unable to rate (insufficient information) 9: Not stated / Missing
SDQ - Question 8 (sdq_item8)	string	yes	0: Not True 1: Somewhat True 2: Certainly True 7: Unable to rate (insufficient information) 9: Not stated / Missing
SDQ - Question 9 (sdq_item9)	string	yes	0: Not True 1: Somewhat True 2: Certainly True 7: Unable to rate (insufficient information) 9: Not stated / Missing

Data Element (Field Name)	Type (min,max)	Required	Format / Values
SDQ - Question 10 (sdq_item10)	string	yes	0: Not True 1: Somewhat True 2: Certainly True 7: Unable to rate (insufficient information) 9: Not stated / Missing
SDQ - Question 11 (sdq_item11)	string	yes	0: Not True 1: Somewhat True 2: Certainly True 7: Unable to rate (insufficient information) 9: Not stated / Missing
SDQ - Question 12 (sdq_item12)	string	yes	0: Not True 1: Somewhat True 2: Certainly True 7: Unable to rate (insufficient information) 9: Not stated / Missing
SDQ - Question 13 (sdq_item13)	string	yes	0: Not True 1: Somewhat True 2: Certainly True 7: Unable to rate (insufficient information) 9: Not stated / Missing

Data Element (Field Name)	Type (min,max)	Required	Format / Values
SDQ - Question 14 (sdq_item14)	string	yes	0: Not True 1: Somewhat True 2: Certainly True 7: Unable to rate (insufficient information) 9: Not stated / Missing
SDQ - Question 15 (sdq_item15)	string	yes	0: Not True 1: Somewhat True 2: Certainly True 7: Unable to rate (insufficient information) 9: Not stated / Missing
SDQ - Question 16 (sdq_item16)	string	yes	0: Not True 1: Somewhat True 2: Certainly True 7: Unable to rate (insufficient information) 9: Not stated / Missing
SDQ - Question 17 (sdq_item17)	string	yes	0: Not True 1: Somewhat True 2: Certainly True 7: Unable to rate (insufficient information) 9: Not stated / Missing

Data Element (Field Name)	Type (min,max)	Required	Format / Values
SDQ - Question 18 (sdq_item18)	string	yes	0: Not True 1: Somewhat True 2: Certainly True 7: Unable to rate (insufficient information) 9: Not stated / Missing
SDQ - Question 19 (sdq_item19)	string	yes	0: Not True 1: Somewhat True 2: Certainly True 7: Unable to rate (insufficient information) 9: Not stated / Missing
SDQ - Question 20 (sdq_item20)	string	yes	0: Not True 1: Somewhat True 2: Certainly True 7: Unable to rate (insufficient information) 9: Not stated / Missing
SDQ - Question 21 (sdq_item21)	string	yes	0: Not True 1: Somewhat True 2: Certainly True 7: Unable to rate (insufficient information) 9: Not stated / Missing

Data Element (Field Name)	Type (min,max)	Required	Format / Values
SDQ - Question 22 (sdq_item22)	string	yes	0: Not True 1: Somewhat True 2: Certainly True 7: Unable to rate (insufficient information) 9: Not stated / Missing
SDQ - Question 23 (sdq_item23)	string	yes	0: Not True 1: Somewhat True 2: Certainly True 7: Unable to rate (insufficient information) 9: Not stated / Missing
SDQ - Question 24 (sdq_item24)	string	yes	0: Not True 1: Somewhat True 2: Certainly True 7: Unable to rate (insufficient information) 9: Not stated / Missing
SDQ - Question 25 (sdq_item25)	string	yes	0: Not True 1: Somewhat True 2: Certainly True 7: Unable to rate (insufficient information) 9: Not stated / Missing

Data Element (Field Name)	Type (min,max)	Required	Format / Values
SDQ - Question 26 (sdq_item26)	string	yes	<p>0: No</p> <p>1: Yes - minor difficulties</p> <p>2: Yes - definite difficulties</p> <p>3: Yes - severe difficulties</p> <p>7: Unable to rate (insufficient information)</p> <p>9: Not stated / Missing</p>
SDQ - Question 27 (sdq_item27)	string	yes	<p>0: Less than a month</p> <p>1: 1-5 months</p> <p>2: 6-12 months</p> <p>3: Over a year</p> <p>7: Unable to rate (insufficient information)</p> <p>8: Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0)</p> <p>9: Not stated / Missing</p>

Data Element (Field Name)	Type (min,max)	Required	Format / Values
SDQ - Question 28 (sdq_item28)	string	yes	<p>0: Not at all</p> <p>1: A little</p> <p>2: A medium amount</p> <p>3: A great deal</p> <p>7: Unable to rate (insufficient information)</p> <p>8: Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0)</p> <p>9: Not stated / Missing</p>
SDQ - Question 29 (sdq_item29)	string	yes	<p>0: Not at all</p> <p>1: A little</p> <p>2: A medium amount</p> <p>3: A great deal</p> <p>7: Unable to rate (insufficient information)</p> <p>8: Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0)</p> <p>9: Not stated / Missing</p>

Data Element (Field Name)	Type (min,max)	Required	Format / Values
SDQ - Question 30 (sdq_item30)	string	yes	0: Not at all 1: A little 2: A medium amount 3: A great deal 7: Unable to rate (insufficient information) 8: Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0) 9: Not stated / Missing
SDQ - Question 31 (sdq_item31)	string	yes	0: Not at all 1: A little 2: A medium amount 3: A great deal 7: Unable to rate (insufficient information) 8: Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0) 9: Not stated / Missing

Data Element (Field Name)	Type (min,max)	Required	Format / Values
SDQ - Question 32 (sdq_item32)	string	yes	<p>0: Not at all</p> <p>1: A little</p> <p>2: A medium amount</p> <p>3: A great deal</p> <p>7: Unable to rate (insufficient information)</p> <p>8: Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0)</p> <p>9: Not stated / Missing</p>
SDQ - Question 33 (sdq_item33)	string	yes	<p>0: Not at all</p> <p>1: A little</p> <p>2: A medium amount</p> <p>3: A great deal</p> <p>7: Unable to rate (insufficient information)</p> <p>8: Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0)</p> <p>9: Not stated / Missing</p>

Data Element (Field Name)	Type (min,max)	Required	Format / Values
SDQ - Question 34 (sdq_item34)	string	yes	<p>0: Much worse</p> <p>1: A bit worse</p> <p>2: About the same</p> <p>3: A bit better</p> <p>4: Much better</p> <p>7: Unable to rate (insufficient information)</p> <p>8: Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0)</p> <p>9: Not stated / Missing</p>
SDQ - Question 35 (sdq_item35)	string	yes	<p>0: Not at all</p> <p>1: A little</p> <p>2: A medium amount</p> <p>3: A great deal</p> <p>7: Unable to rate (insufficient information)</p> <p>8: Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0)</p> <p>9: Not stated / Missing</p>

Data Element (Field Name)	Type (min,max)	Required	Format / Values
<a href="#">SDQ - Question 36</a> (sdq_item36)	string	yes	0: No 1: A little 2: A lot 7: Unable to rate (insufficient information) 8: Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0) 9: Not stated / Missing
<a href="#">SDQ - Question 37</a> (sdq_item37)	string	yes	0: No 1: A little 2: A lot 7: Unable to rate (insufficient information) 8: Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0) 9: Not stated / Missing

Data Element (Field Name)	Type (min,max)	Required	Format / Values
<a href="#">SDQ - Question 38 (sdq_item38)</a>	string	yes	<p>0: No</p> <p>1: A little</p> <p>2: A lot</p> <p>7: Unable to rate (insufficient information)</p> <p>8: Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0)</p> <p>9: Not stated / Missing</p>
<a href="#">SDQ - Question 39 (sdq_item39)</a>	string	yes	<p>0: No</p> <p>1: A little</p> <p>2: A lot</p> <p>7: Unable to rate (insufficient information)</p> <p>8: Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0)</p> <p>9: Not stated / Missing</p>

Data Element (Field Name)	Type (min,max)	Required	Format / Values
<b>SDQ - Question 40</b> (sdq_item40)	string	yes	0: No 1: A little 2: A lot 7: Unable to rate (insufficient information) 8: Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0) 9: Not stated / Missing
<b>SDQ - Question 41</b> (sdq_item41)	string	yes	0: No 1: A little 2: A lot 7: Unable to rate (insufficient information) 8: Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0) 9: Not stated / Missing

Data Element (Field Name)	Type (min,max)	Required	Format / Values
<a href="#">SDQ - Question 42</a> (sdq_item42)	string	yes	0: No 1: A little 2: A lot 7: Unable to rate (insufficient information) 8: Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0) 9: Not stated / Missing
<a href="#">SDQ - Emotional Symptoms Scale</a> (sdq_emotional_symptoms)	integer	yes	0 - 10, 99 = Not stated / Missing
<a href="#">SDQ - Conduct Problem Scale</a> (sdq_conduct_problem)	integer	yes	0 - 10, 99 = Not stated / Missing
<a href="#">SDQ - Hyperactivity Scale</a> (sdq_hyperactivity)	integer	yes	0 - 10, 99 = Not stated / Missing
<a href="#">SDQ - Peer Problem Scale</a> (sdq_peer_problem)	integer	yes	0 - 10, 99 = Not stated / Missing
<a href="#">SDQ - Prosocial Scale</a> (sdq_prosocial)	integer	yes	0 - 10, 99 = Not stated / Missing
<a href="#">SDQ - Total Difficulties Score</a> (sdq_total)	integer	yes	0 - 40, 99 = Not stated / Missing
<a href="#">SDQ - Impact Score</a> (sdq_impact)	integer	yes	0 - 10, 99 = Not stated / Missing
<a href="#">SDQ - Tags</a> (sdq_tags)	string	—	List of tags for the collection occasion.

## 2.3.4. Definitions

### 2.3.4.1. Client - Aboriginal and Torres Strait Islander Status

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

**Field name:** client\_atsi\_status

**Data type:** string

**Required:** yes

- 1: Aboriginal but not Torres Strait Islander origin
- 2: Torres Strait Islander but not Aboriginal origin
- 3: Both Aboriginal and Torres Strait Islander origin
- 4: Neither Aboriginal or Torres Strait Islander origin
- 9: Not stated/inadequately described

**Domain:**

**Code 9 is not to be available as a valid answer to the questions but is intended for use:**

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

**Notes:**

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

**METeOR:** [291036](#)

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### **2.3.4.2. Client - Country of Birth**

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

**Field name:** country\_of\_birth

**Data type:** string (4)

**Required:** yes

- 1101:** Australia  
**1102:** Norfolk Island  
**1199:** Australian External Territories, nec  
**1201:** New Zealand  
**1301:** New Caledonia  
**1302:** Papua New Guinea  
**1303:** Solomon Islands  
**1304:** Vanuatu  
**1401:** Guam  
**1402:** Kiribati  
**1403:** Marshall Islands  
**1404:** Micronesia, Federated States of  
**1405:** Nauru  
**1406:** Northern Mariana Islands  
**1407:** Palau  
**1501:** Cook Islands  
**1502:** Fiji  
**Domain:**  
**1503:** French Polynesia  
**1504:** Niue  
**1505:** Samoa  
**1506:** Samoa, American  
**1507:** Tokelau  
**1508:** Tonga  
**1511:** Tuvalu  
**1512:** Wallis and Futuna  
**1513:** Pitcairn Islands  
**1599:** Polynesia (excludes Hawaii), nec  
**1601:** Adelie Land (France)  
**1602:** Argentinian Antarctic Territory  
**1603:** Australian Antarctic Territory  
**1604:** British Antarctic Territory  
**1605:** Chilean Antarctic Territory  
**1606:** Queen Maud Land (Norway)

**1607:** Ross Dependency (New Zealand)

**2102:** England

**2103:** Isle of Man

**2104:** Northern Ireland

**2105:** Scotland

**2106:** Wales

**2107:** Guernsey

**2108:** Jersey

**2201:** Ireland

**2301:** Austria

**2302:** Belgium

**2303:** France

**2304:** Germany

**2305:** Liechtenstein

**2306:** Luxembourg

**2307:** Monaco

**2308:** Netherlands

**2311:** Switzerland

**2401:** Denmark

**2402:** Faroe Islands

**2403:** Finland

**2404:** Greenland

**2405:** Iceland

**2406:** Norway

**2407:** Sweden

**2408:** Aland Islands

**3101:** Andorra

**3102:** Gibraltar

**3103:** Holy See

**3104:** Italy

**3105:** Malta

**3106:** Portugal

**3107:** San Marino

**3108:** Spain  
**3201:** Albania  
**3202:** Bosnia and Herzegovina  
**3203:** Bulgaria  
**3204:** Croatia  
**3205:** Cyprus  
**3206:** The former Yugoslav Republic of Macedonia  
**3207:** Greece  
**3208:** Moldova  
**3211:** Romania  
**3212:** Slovenia  
**3214:** Montenegro  
**3215:** Serbia  
**3216:** Kosovo  
**3301:** Belarus  
**3302:** Czech Republic  
**3303:** Estonia  
**3304:** Hungary  
**3305:** Latvia  
**3306:** Lithuania  
**3307:** Poland  
**3308:** Russian Federation  
**3311:** Slovakia  
**3312:** Ukraine  
**4101:** Algeria  
**4102:** Egypt  
**4103:** Libya  
**4104:** Morocco  
**4105:** Sudan  
**4106:** Tunisia  
**4107:** Western Sahara  
**4108:** Spanish North Africa  
**4111:** South Sudan

- 4201:** Bahrain
- 4202:** Gaza Strip and West Bank
- 4203:** Iran
- 4204:** Iraq
- 4205:** Israel
- 4206:** Jordan
- 4207:** Kuwait
- 4208:** Lebanon
- 4211:** Oman
- 4212:** Qatar
- 4213:** Saudi Arabia
- 4214:** Syria
- 4215:** Turkey
- 4216:** United Arab Emirates
- 4217:** Yemen
- 5101:** Myanmar
- 5102:** Cambodia
- 5103:** Laos
- 5104:** Thailand
- 5105:** Vietnam
- 5201:** Brunei Darussalam
- 5202:** Indonesia
- 5203:** Malaysia
- 5204:** Philippines
- 5205:** Singapore
- 5206:** Timor-Leste
- 6101:** China (excludes SARs and Taiwan)
- 6102:** Hong Kong (SAR of China)
- 6103:** Macau (SAR of China)
- 6104:** Mongolia
- 6105:** Taiwan
- 6201:** Japan
- 6202:** Korea, Democratic People's Republic of (North)

**6203:** Korea, Republic of (South)

**7101:** Bangladesh

**7102:** Bhutan

**7103:** India

**7104:** Maldives

**7105:** Nepal

**7106:** Pakistan

**7107:** Sri Lanka

**7201:** Afghanistan

**7202:** Armenia

**7203:** Azerbaijan

**7204:** Georgia

**7205:** Kazakhstan

**7206:** Kyrgyzstan

**7207:** Tajikistan

**7208:** Turkmenistan

**7211:** Uzbekistan

**8101:** Bermuda

**8102:** Canada

**8103:** St Pierre and Miquelon

**8104:** United States of America

**8201:** Argentina

**8202:** Bolivia

**8203:** Brazil

**8204:** Chile

**8205:** Colombia

**8206:** Ecuador

**8207:** Falkland Islands

**8208:** French Guiana

**8211:** Guyana

**8212:** Paraguay

**8213:** Peru

**8214:** Suriname

**8215:** Uruguay  
**8216:** Venezuela  
**8299:** South America, nec  
**8301:** Belize  
**8302:** Costa Rica  
**8303:** El Salvador  
**8304:** Guatemala  
**8305:** Honduras  
**8306:** Mexico  
**8307:** Nicaragua  
**8308:** Panama  
**8401:** Anguilla  
**8402:** Antigua and Barbuda  
**8403:** Aruba  
**8404:** Bahamas  
**8405:** Barbados  
**8406:** Cayman Islands  
**8407:** Cuba  
**8408:** Dominica  
**8411:** Dominican Republic  
**8412:** Grenada  
**8413:** Guadeloupe  
**8414:** Haiti  
**8415:** Jamaica  
**8416:** Martinique  
**8417:**Montserrat  
**8421:** Puerto Rico  
**8422:** St Kitts and Nevis  
**8423:** St Lucia  
**8424:** St Vincent and the Grenadines  
**8425:** Trinidad and Tobago  
**8426:** Turks and Caicos Islands  
**8427:** Virgin Islands, British

**8428:** Virgin Islands, United States  
**8431:** St Barthelemy  
**8432:** St Martin (French part)  
**8433:** Bonaire, Sint Eustatius and Saba  
**8434:** Curacao  
**8435:** Sint Maarten (Dutch part)  
**9101:** Benin  
**9102:** Burkina Faso  
**9103:** Cameroon  
**9104:** Cabo Verde  
**9105:** Central African Republic  
**9106:** Chad  
**9107:** Congo, Republic of  
**9108:** Congo, Democratic Republic of  
**9111:** Cote d'Ivoire  
**9112:** Equatorial Guinea  
**9113:** Gabon  
**9114:** Gambia  
**9115:** Ghana  
**9116:** Guinea  
**9117:** Guinea-Bissau  
**9118:** Liberia  
**9121:** Mali  
**9122:** Mauritania  
**9123:** Niger  
**9124:** Nigeria  
**9125:** Sao Tome and Principe  
**9126:** Senegal  
**9127:** Sierra Leone  
**9128:** Togo  
**9201:** Angola  
**9202:** Botswana  
**9203:** Burundi

**9204:** Comoros  
**9205:** Djibouti  
**9206:** Eritrea  
**9207:** Ethiopia  
**9208:** Kenya  
**9211:** Lesotho  
**9212:** Madagascar  
**9213:** Malawi  
**9214:** Mauritius  
**9215:** Mayotte  
**9216:** Mozambique  
**9217:** Namibia  
**9218:** Reunion  
**9221:** Rwanda  
**9222:** St Helena  
**9223:** Seychelles  
**9224:** Somalia  
**9225:** South Africa  
**9226:** Swaziland  
**9227:** Tanzania  
**9228:** Uganda  
**9231:** Zambia  
**9232:** Zimbabwe  
**9299:** Southern and East Africa, nec  
**9999:** Unknown

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

**Notes:**

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

**METeOR:** [459973](#)

**ABS:** <http://www.abs.gov.au/ausstats/abs@.nsf/mf/1269.0>

### **2.3.4.3. Client - Date of Birth**

The date on which an individual was born.

**Field name:** date\_of\_birth

**Data type:** date

**Required:** yes

- The date of birth must not be before January 1st 1900.
- The date of birth must not be in the future.
- If the date of birth is unknown, the following approaches should be used:
  - If the age of the person is known, the age should be used to derive the year of birth
  - If the age of the person is unknown, an estimated age of the person should be used to estimate a year of birth

**Notes:**

- An actual or estimated year of birth should then be converted into an estimated date of birth using the following convention: 0101Estimated year of birth.
- If the date of birth is totally unknown, use 09099999.
- If you have estimated the year of birth make sure you record this in the 'Estimated date of birth flag'

**METeOR:** [287007](#)

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### **2.3.4.4. Client - Estimated Date of Birth Flag**

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

**Field name:** est\_date\_of\_birth

**Data type:** string

**Required:** yes

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

### **2.3.4.5. Client - Gender**

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

**Field name:** client\_gender

**Data type:** string

**Required:** yes

0: Not stated/Inadequately described

1: Male

**Domain:** 2: Female

3: Other

**1 - M - Male**

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

**2 - F - Female**

**Notes:** Adults who identify themselves as women, and children who identify themselves as girls.

**3 - X- Other**

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

**ABS:**

<http://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/>

1200.0.55.012Main%20Features12016?opendocument&tabname=Summary&prodno=1200.0.55.012&issue=2016-06-01&source=release+products&CONTENT\_TYPE=HTML&FORMAT=HTML&CONTENT\_ID=1200.0.55.012&CONTENT\_LANG=EN&CONTENT\_CHARSET=UTF-8&CONTENT\_TITLE=Main%20Features%2012016&CONTENT\_DESC=This%20product%20contains%20information%20on%20the%20main%20features%20of%20the%20Australian%20population%20and%20households%20at%20June%202016.%20It%20includes%20information%20on%20the%20size%20and%20composition%20of%20the%20population%20and%20households%20and%20their%20characteristics%20such%20as%20age,%20sex,%20family%20status,%20religion,%20language,%20and%20culture.%20It%20also%20includes%20information%20on%20the%20size%20and%20composition%20of%20the%20aboriginal%20and%20 Torres%20Strait%20Islander%20population%20and%20their%20characteristics.%20The%20product%20is%20based%20on%20the%202016%20Census%20of%20Population%20and%20Housing%20and%20is%20designed%20to%20support%20the%20development%20of%20the%20Australian%20Statistical%20Geography%20Classification%20(ASGC)%20and%20the%20Australian%20Standard%20Classification%20of%20Occupations%20(ASCO).&CONTENT\_BODY=

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### **2.3.4.6. Client Key**

This is a number or code assigned to each individual referred to the commissioned organisation. The client identifier is unique and stable for each individual within the PHN.

**Field name:** client\_key

**Data type:** string (2,50)

**Required:** yes

Client keys must be unique within each PHN independent of the treating organisation. It is the responsibility of PHNs and Provider Organisations to co-ordinate to maintain this identifier.

**Notes:** Clients should not be assigned multiple keys within the same PHN.

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

---

#### **2.3.4.7. Client - Main Language Spoken at Home**

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

**Field name:** main\_lang\_at\_home

**Data type:** string (4)

**Required:** yes

**1101:** Gaelic (Scotland)

**1102:** Irish

**1103:** Welsh

**1199:** Celtic, nec

**1201:** English

**1301:** German

**1302:** Letzeburgish

**1303:** Yiddish

**1401:** Dutch

**1402:** Frisian

**1403:** Afrikaans

**1501:** Danish

**1502:** Icelandic

**1503:** Norwegian

**1504:** Swedish

**1599:** Scandinavian, nec

**1601:** Estonian

**Domain:**

**1602:** Finnish

**1699:** Finnish and Related Languages, nec

**2101:** French

**2201:** Greek

**2301:** Catalan

**2302:** Portuguese

**2303:** Spanish

**2399:** Iberian Romance, nec

**2401:** Italian

**2501:** Maltese

**2901:** Basque

**2902:** Latin

**2999:** Other Southern European Languages, nec

**3101:** Latvian

**3102:** Lithuanian

**3301:** Hungarian

- 3401:** Belorussian
- 3402:** Russian
- 3403:** Ukrainian
- 3501:** Bosnian
- 3502:** Bulgarian
- 3503:** Croatian
- 3504:** Macedonian
- 3505:** Serbian
- 3506:** Slovene
- 3507:** Serbo-Croatian/Yugoslavian, so described
- 3601:** Czech
- 3602:** Polish
- 3603:** Slovak
- 3604:** Czechoslovakian, so described
- 3901:** Albanian
- 3903:** Aromunian (Macedo-Romanian)
- 3904:** Romanian
- 3905:** Romany
- 3999:** Other Eastern European Languages, nec
- 4101:** Kurdish
- 4102:** Pashto
- 4104:** Balochi
- 4105:** Dari
- 4106:** Persian (excluding Dari)
- 4107:** Hazaraghi
- 4199:** Iranic, nec
- 4202:** Arabic
- 4204:** Hebrew
- 4206:** Assyrian Neo-Aramaic
- 4207:** Chaldean Neo-Aramaic
- 4208:** Mandaean (Mandaic)
- 4299:** Middle Eastern Semitic Languages, nec
- 4301:** Turkish

- 4302:** Azeri
- 4303:** Tatar
- 4304:** Turkmen
- 4305:** Uygur
- 4306:** Uzbek
- 4399:** Turkic, nec
- 4901:** Armenian
- 4902:** Georgian
- 4999:** Other Southwest and Central Asian Languages, nec
- 5101:** Kannada
- 5102:** Malayalam
- 5103:** Tamil
- 5104:** Telugu
- 5105:** Tulu
- 5199:** Dravidian, nec
- 5201:** Bengali
- 5202:** Gujarati
- 5203:** Hindi
- 5204:** Konkani
- 5205:** Marathi
- 5206:** Nepali
- 5207:** Punjabi
- 5208:** Sindhi
- 5211:** Sinhalese
- 5212:** Urdu
- 5213:** Assamese
- 5214:** Dhivehi
- 5215:** Kashmiri
- 5216:** Oriya
- 5217:** Fijian Hindustani
- 5299:** Indo-Aryan, nec
- 5999:** Other Southern Asian Languages
- 6101:** Burmese

- 6102:** Chin Haka
- 6103:** Karen
- 6104:** Rohingya
- 6105:** Zomi
- 6199:** Burmese and Related Languages, nec
- 6201:** Hmong
- 6299:** Hmong-Mien, nec
- 6301:** Khmer
- 6302:** Vietnamese
- 6303:** Mon
- 6399:** Mon-Khmer, nec
- 6401:** Lao
- 6402:** Thai
- 6499:** Tai, nec
- 6501:** Bisaya
- 6502:** Cebuano
- 6503:** Ilokano
- 6504:** Indonesian
- 6505:** Malay
- 6507:** Tetum
- 6508:** Timorese
- 6511:** Tagalog
- 6512:** Filipino
- 6513:** Acehnese
- 6514:** Balinese
- 6515:** Bikol
- 6516:** Iban
- 6517:** Ilonggo (Hiligaynon)
- 6518:** Javanese
- 6521:** Pampangan
- 6599:** Southeast Asian Austronesian Languages, nec
- 6999:** Other Southeast Asian Languages
- 7101:** Cantonese

- 7102:** Hakka
- 7104:** Mandarin
- 7106:** Wu
- 7107:** Min Nan
- 7199:** Chinese, nec
- 7201:** Japanese
- 7301:** Korean
- 7901:** Tibetan
- 7902:** Mongolian
- 7999:** Other Eastern Asian Languages, nec
- 8101:** Anindilyakwa
- 8111:** Maung
- 8113:** Ngan'gikurunggurr
- 8114:** Nunggubuyu
- 8115:** Rembarrnga
- 8117:** Tiwi
- 8121:** Alawa
- 8122:** Dalabon
- 8123:** Gudanji
- 8127:** Iwaidja
- 8128:** Jaminjung
- 8131:** Jawoyn
- 8132:** Jingulu
- 8133:** Kunbarlang
- 8136:** Larrakiya
- 8137:** Malak Malak
- 8138:** Mangarrayi
- 8141:** Maringarr
- 8142:** Marra
- 8143:** Marrithiyel
- 8144:** Matngala
- 8146:** Murrinh Patha
- 8147:** Na-kara

- 8148:** Ndjebbana (Gunavidji)
- 8151:** Ngalakgan
- 8152:** Ngaliwurru
- 8153:** Nungali
- 8154:** Wambaya
- 8155:** Wardaman
- 8156:** Amurdak
- 8157:** Garrwa
- 8158:** Kuwema
- 8161:** Marramaninyshi
- 8162:** Ngandi
- 8163:** Waanyi
- 8164:** Wagiman
- 8165:** Yanyuwa
- 8166:** Marridan (Maridan)
- 8171:** Gundjeihmi
- 8172:** Kune
- 8173:** Kuninjku
- 8174:** Kunwinjku
- 8175:** Mayali
- 8179:** Kunwinjku, nec
- 8181:** Burarra
- 8182:** Gun-nartpa
- 8183:** Gurr-goni
- 8189:** Burarran, nec
- 8199:** Arnhem Land and Daly River Region Languages, nec
- 8211:** Galpu
- 8212:** Golumala
- 8213:** Wangurri
- 8219:** Dhangu, nec
- 8221:** Dhalwangu
- 8222:** Djarrwark
- 8229:** Dhay'yi, nec

**8231:** Djambarrpuyngu

**8232:** Djapu

**8233:** Daatiwuy

**8234:** Marrangu

**8235:** Liyagalawumirr

**8236:** Liyagawumirr

**8239:** Dhuwal, nec

**8242:** Gumatj

**8243:** Gupapuyngu

**8244:** Guyamirrilili

**8246:** Manggalili

**8247:** Wubulkarra

**8249:** Dhuwala, nec

**8251:** Wurlaki

**8259:** Djinang, nec

**8261:** Ganalbingu

**8262:** Djinba

**8263:** Manyjalpingu

**8269:** Djinba, nec

**8271:** Ritharrngu

**8272:** Wagilak

**8279:** Yakuy, nec

**8281:** Nhangu

**8282:** Yan-nhangu

**8289:** Nhangu, nec

**8291:** Dhuwaya

**8292:** Djangu

**8293:** Madarrpa

**8294:** Warramiri

**8295:** Rirratjingu

**8299:** Other Yolngu Matha, nec

**8301:** Kuku Yalanji

**8302:** Guugu Yimidhirr

- 8303:** Kuuku-Ya'u
- 8304:** Wik Mungkan
- 8305:** Djabugay
- 8306:** Dyirbal
- 8307:** Girramay
- 8308:** Koko-Bera
- 8311:** Kuuk Thayorre
- 8312:** Lamalama
- 8313:** Yidiny
- 8314:** Wik Ngathan
- 8315:** Alngith
- 8316:** Kugu Muminh
- 8317:** Morrobalamá
- 8318:** Thaynakwith
- 8321:** Yupangathi
- 8322:** Tjungundji
- 8399:** Cape York Peninsula Languages, nec
- 8401:** Kalaw Kawaw Ya/Kalaw Lagaw Ya
- 8402:** Meriam Mir
- 8403:** Yumplatok (Torres Strait Creole)
- 8504:** Bilinarra
- 8505:** Gurindji
- 8506:** Gurindji Kriol
- 8507:** Jaru
- 8508:** Light Warlpiri
- 8511:** Malngin
- 8512:** Mudburra
- 8514:** Ngardi
- 8515:** Ngarinyman
- 8516:** Walmajarri
- 8517:** Wanyjirra
- 8518:** Warlmanpa
- 8521:** Warlpiri

- 8522:** Warumungu
- 8599:** Northern Desert Fringe Area Languages, nec
- 8603:** Alyawarr
- 8606:** Kaytetye
- 8607:** Antekerrepenh
- 8611:** Central Anmatyerr
- 8612:** Eastern Anmatyerr
- 8619:** Anmatyerr, nec
- 8621:** Eastern Arrernte
- 8622:** Western Arrarnta
- 8629:** Arrernte, nec
- 8699:** Arandic, nec
- 8703:** Antikarinya
- 8704:** Kartujarra
- 8705:** Kukatha
- 8706:** Kukatja
- 8707:** Luritja
- 8708:** Manyjilyjarra
- 8711:** Martu Wangka
- 8712:** Ngaanyatjarra
- 8713:** Pintupi
- 8714:** Pitjantjatjara
- 8715:** Wangkajunga
- 8716:** Wangkatha
- 8717:** Warnman
- 8718:** Yankunytjatjara
- 8721:** Yulparija
- 8722:** Tjupany
- 8799:** Western Desert Languages, nec
- 8801:** Bardi
- 8802:** Bunuba
- 8803:** Gooniyandi
- 8804:** Miriwoong

- 8805:** Ngarinyin
- 8806:** Nyikina
- 8807:** Worla
- 8808:** Worrorra
- 8811:** Wunambal
- 8812:** Yawuru
- 8813:** Gambera
- 8814:** Jawi
- 8815:** Kija
- 8899:** Kimberley Area Languages, nec
- 8901:** Adnymathanha
- 8902:** Arabana
- 8903:** Bandjalang
- 8904:** Banyjima
- 8905:** Batjala
- 8906:** Bidjara
- 8907:** Dhanggatti
- 8908:** Diyari
- 8911:** Gamilaraay
- 8913:** Garuwali
- 8914:** Githabul
- 8915:** Gumbaynggir
- 8916:** Kanai
- 8917:** Karajarri
- 8918:** Kariyarra
- 8921:** Kaurna
- 8922:** Kayardild
- 8924:** Kriol
- 8925:** Lardil
- 8926:** Mangala
- 8927:** Muruwari
- 8928:** Narungga
- 8931:** Ngarluma

- 8932:** Ngarrindjeri
- 8933:** Nyamal
- 8934:** Nyangumarta
- 8935:** Nyungar
- 8936:** Paakantyi
- 8937:** Palyku/Niyiyaparli
- 8938:** Wajarri
- 8941:** Wiradjuri
- 8943:** Yindjibarndi
- 8944:** Yinhawangka
- 8945:** Yorta Yorta
- 8946:** Baanbay
- 8947:** Badimaya
- 8948:** Barababaraba
- 8951:** Dadi Dadi
- 8952:** Dharawal
- 8953:** Djabwurrung
- 8954:** Gudjal
- 8955:** Keerray-Woorroong
- 8956:** Ladji Ladji
- 8957:** Mirning
- 8958:** Ngatjumaya
- 8961:** Waluwarra
- 8962:** Wangkangurru
- 8963:** Wargamay
- 8964:** Wergaia
- 8965:** Yugambeh
- 8998:** Aboriginal English, so described
- 8999:** Other Australian Indigenous Languages, nec
- 9101:** American Languages
- 9201:** Acholi
- 9203:** Akan
- 9205:** Mauritian Creole

- 9206:** Oromo
- 9207:** Shona
- 9208:** Somali
- 9211:** Swahili
- 9212:** Yoruba
- 9213:** Zulu
- 9214:** Amharic
- 9215:** Bemba
- 9216:** Dinka
- 9217:** Ewe
- 9218:** Ga
- 9221:** Harari
- 9222:** Hausa
- 9223:** Igbo
- 9224:** Kikuyu
- 9225:** Krio
- 9226:** Luganda
- 9227:** Luo
- 9228:** Ndebele
- 9231:** Nuer
- 9232:** Nyanja (Chichewa)
- 9233:** Shilluk
- 9234:** Tigre
- 9235:** Tigrinya
- 9236:** Tswana
- 9237:** Xhosa
- 9238:** Seychelles Creole
- 9241:** Anuak
- 9242:** Bari
- 9243:** Bassa
- 9244:** Dan (Gio-Dan)
- 9245:** Fulfulde
- 9246:** Kinyarwanda (Rwanda)

- 9247:** Kirundi (Rundi)
- 9248:** Kpelle
- 9251:** Krahn
- 9252:** Liberian (Liberian English)
- 9253:** Loma (Lorma)
- 9254:** Lumun (Kuku Lumun)
- 9255:** Madi
- 9256:** Mandinka
- 9257:** Mann
- 9258:** Moro (Nuba Moro)
- 9261:** Themne
- 9262:** Lingala
- 9299:** African Languages, nec
- 9301:** Fijian
- 9302:** Gilbertese
- 9303:** Maori (Cook Island)
- 9304:** Maori (New Zealand)
- 9306:** Nauruan
- 9307:** Niue
- 9308:** Samoan
- 9311:** Tongan
- 9312:** Rotuman
- 9313:** Tokelauan
- 9314:** Tuvaluan
- 9315:** Yapese
- 9399:** Pacific Austronesian Languages, nec
- 9402:** Bislama
- 9403:** Hawaiian English
- 9404:** Norf'k-Pitcairn
- 9405:** Solomon Islands Pijin
- 9499:** Oceanian Pidgins and Creoles, nec
- 9502:** Kiwai
- 9503:** Motu (HiriMotu)

- 9504:** Tok Pisin (Neomelanesian)
- 9599:** Papua New Guinea Languages, nec
- 9601:** Invented Languages
- 9701:** Auslan
- 9702:** Key Word Sign Australia
- 9799:** Sign Languages, nec
- 9999:** Unknown

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

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

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

**METeOR:** [460125](#)

**ABS:** <http://www.abs.gov.au/ausstats/abs@.nsf/mf/1267.0>

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### **2.3.4.8. Client - Proficiency in Spoken English**

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

**Field name:** prof\_english

**Data type:** string

**Required:** yes

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

**1:** Very well

**2:** Well

**Domain:** **3:** Not well

**4:** Not at all

**9:** Not stated/inadequately described

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

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

**9 - Not stated/inadequately described**

Notes: 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.

METeOR: [270203](#)

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### **2.3.4.9. Client - Statistical Linkage Key**

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

**Field name:** slk

**Data type:** string (14,40)

**Required:** yes

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

**Supported formats:**

Notes:

- 14 character [SLK](#)
- a [Crockford encoded](#) sha1 hash of a 14 character SLK. This must be 32 characters in length.
- a hex encoded sha1 hash of a 14 character SLK. This must be 40 characters in length.

SLK values are stored in sha1\_hex format.

METeOR: [349510](#)

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### **2.3.4.10. Client - Tags**

List of tags for the client.

**Field name:** client\_tags

**Data type:** string

**Required:** no

A comma separated list of tags.

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

**Notes:** 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 .

---

#### 2.3.4.11. Collection Occasion - Measure Date

The date the measure was given.

**Field name:** measure\_date

**Data type:** date

**Required:** yes

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

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

**Notes:**

- The measure date must not be before 1st January 2016.
  - The measure date must not be before [Episode - Referral Date](#)
  - The measure date must not be after [Episode - End Date](#)
  - The measure date must not be in the future.
- 

#### 2.3.4.12. Collection Occasion - Reason

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

**Field name:** reason\_for\_collection

**Data type:** string

**Required:** yes

**1:** Episode start

**2:** Review

**Domain:**

**3:** Episode end

**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.

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#### **2.3.4.13. Collection Occasion Key**

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

**Field name:** collection\_occasion\_key

**Data type:** string (2,50)

**Required:** yes

**Notes:** Collection occasion keys are case sensitive and must be valid unicode characters.

---

#### **2.3.4.14. Episode - Additional Diagnosis**

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

**Field name:** additional\_diagnosis

**Data type:** string

**Required:** yes

- 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
- Domain:**
- 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

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.

- Notes:**
- 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.

### **2.3.4.15. Episode - Area of usual residence, postcode**

The Australian postcode of the client.

**Field name:** client\_postcode

**Data type:** string

**Required:** yes

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](#).

**Notes:** 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.

**METeOR:** [429894](#)

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### **2.3.4.16. Episode - Client Consent to Anonymised Data**

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

**Field name:** client\_consent

**Data type:** string

**Required:** yes

1: Yes

**Domain:** 2: No

**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**

**Notes:** 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.

---

#### **2.3.4.17. Episode - Completion Status**

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

**Field name:** episode\_completion\_status

**Data type:** string

**Required:** no

- 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

**Domain:**

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.

Notes:

**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.

---

### 2.3.4.18. Episode - Employment Participation

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

**Field name:** employment\_participation

**Data type:** string

**Required:** yes

- 1:** Full-time
  - 2:** Part-time
- Domain:**
- 3:** Not applicable - not in the labour force
  - 9:** Not stated/inadequately described

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.

**Notes:**

**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.

METeOR: [269950](#)

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### **2.3.4.19. 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

- 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*.

**Notes:**

***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.

METeOR: [614094](#)

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#### **2.3.4.20. Episode - GP Mental Health Treatment Plan Flag**

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

**Field name:** mental\_health\_treatment\_plan

**Data type:** string

**Required:** yes

1: Yes

2: No

**Domain:** 3: Unknown

9: Not stated/inadequately described

#### **2.3.4.21. Episode - Health Care Card**

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

**Field name:** health\_care\_card

**Data type:** string

**Required:** yes

1: Yes

2: No

**Domain:** 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>

**METeOR:** [605149](#)

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#### **2.3.4.22. Episode - Homelessness Flag**

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

**Field name:** homelessness

**Data type:** string

**Required:** yes

1: Sleeping rough or in non-conventional accommodation

2: Short-term or emergency accommodation

**Domain:** 3: Not homeless

9: Not stated / Missing

**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

**Notes:**

**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

---

#### **2.3.4.23. 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

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.

**Notes:**

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](#).

#### **2.3.4.24. Episode - Labour Force Status**

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

**Field name:** labour\_force\_status

**Data type:** string

**Required:** yes

1: Employed

2: Unemployed

**Domain:** 3: Not in the Labour Force

9: Not stated/inadequately described

## **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.

Notes: 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)

### **2.3.4.25. Episode - Marital Status**

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

**Field name:** marital\_status

**Data type:** string

**Required:** yes

1: Never married

2: Widowed

3: Divorced

**Domain:** 4: Separated

5: Married (registered and de facto)

6: Not stated/inadequately described

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.

**Notes:**

#### **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.

**METeOR:** [291045](#)

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### **2.3.4.26. Episode - Medication - Antidepressants (N06A)**

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

**Field name:** medication\_antidepressants

**Data type:** string

**Required:** yes

1: Yes

2: No

Domain:

9: Unknown

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.

Notes:

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)

---

#### **2.3.4.27. Episode - Medication - Antipsychotics (N05A)**

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

Field name: medication\_antipsychotics

Data type: string

Required: yes

1: Yes

2: No

Domain:

9: Unknown

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.

Notes:

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)

---

#### **2.3.4.28. Episode - Medication - Anxiolytics (N05B)**

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

Field name: medication\_anxiolytics

Data type: string

**Required:** yes

1: Yes

2: No

**Domain:**

9: Unknown

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.

**Notes:**

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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#### **2.3.4.29. Episode - Medication - Hypnotics and sedatives (N05C)**

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

**Field name:** medication\_hypnotics

**Data type:** string

**Required:** yes

1: Yes

2: No

**Domain:**

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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#### **2.3.4.30. Episode - Medication - Psychostimulants and nootropics (N06B)**

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

**Field name:** medication\_psychostimulants

**Data type:** string

**Required:** yes

1: Yes

2: No

**Domain:**

9: Unknown

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.

**Notes:**

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)

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#### **2.3.4.31. Episode - NDIS Participant**

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

**Field name:** ndis\_participant

**Data type:** string

**Required:** yes

1: Yes

2: No

**Domain:**

9: Not stated/inadequately described

---

#### **2.3.4.32. Episode - Principal Diagnosis**

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

**Field name:** principal\_diagnosis

**Data type:** string

**Required:** yes

- 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)
- Domain:**
- 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

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 lists summarise the approximate 300 unique mental health disorder codes in the full DSM-IV to a set of 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.

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#### **2.3.4.33. Episode - Principal Focus of Treatment Plan**

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

**Field name:** principal\_focus

**Data type:** string

**Required:** yes

- 1: Psychological therapy
- 2: Low intensity psychological intervention
- 3: Clinical care coordination
- 4: Complex care package

**Domain:** 5: Child and youth-specific mental health services

- 6: Indigenous-specific mental health services
- 7: Other
- 8: Psychosocial Support

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

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

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

#### **1 - Psychological therapy**

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

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

- Psychiatrists
- Registered Psychologists
- Clinical Psychologists
- Mental Health Nurses;
- Occupational Therapists;
- Social Workers
- Aboriginal and Torres Strait Islander health workers.

#### **2 - Low intensity psychological intervention**

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

- use of individuals with appropriate competencies but who do not meet the requirements for registration, credentialing or recognition as a mental health professional;
- delivery of services principally through group-based programs; and
- delivery of brief or low cost forms of treatment by mental health professionals.

#### **3 - Clinical care coordination**

The treatment plan for the client is primarily based around delivery of a range of services where the overarching aim is to coordinate and better integrate care for the individual across multiple providers with the aim of improving clinical outcomes. Consultation and liaison may occur with primary health care providers, acute health, emergency services, rehabilitation

and support services or other agencies that have some level of responsibility for the client's clinical outcomes. These clinical care coordination and liaison activities are expected to account for a significant proportion of service contacts delivered throughout these episodes.

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

#### **4 - Complex Care Package**

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

#### **5 - Child and youth-specific mental health services**

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

#### **6 - Indigenous-specific services**

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

#### **7 - Other**

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

#### **8 - Psychosocial support**

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

- social skills and friendships, family connections;
- managing daily living needs;
- financial management and budgeting;
- finding and maintaining a home;
- vocational skills and goals, including volunteering;
- educational and training goals;
- maintaining physical wellbeing, including exercise;
- building broader life skills including confidence and resilience.

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

Services delivered to clients receiving episodes of care classified as Psychosocial Support may receive the full range of services as described in the Service Contact Type data item, for example, assessment, care coordination and so forth. However, in general, where the Principal Focus of Treatment Plan is coded as Psychosocial Support there should be an expectation that the majority of services provided will be of a psychosocial support nature. Further details on the relationship between the episode of care concept and service contacts is available at <https://docs.pmhc-mds.com/faqs/concepts-processes/data-definitions.html#episode-one-at-a-time>

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

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

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

#### **Changes in effect from 1 January 2019**

- A new Psychosocial Support 'episode of care type' has been added to the existing Principal Focus of Treatment Plan data item: New code 8.

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#### **2.3.4.34. Episode - Referral Date**

The date the referrer made the referral.

**Field name:** referral\_date

**Data type:** date

**Required:** no

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.

**Notes:**

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

### **2.3.4.35. Episode - Referrer Organisation Type**

Type of organisation in which the referring professional is based.

**Field name:** referrer\_organisation\_type

**Data type:** string

**Required:** 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

**Domain:**

- 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

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

**Notes:** services (i.e., specialised mental health care delivered in public acute and psychiatric hospital settings, community mental health care services, and specialised residential mental health care services).

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

---

#### **2.3.4.36. Episode - Referrer Profession**

Profession of the provider who referred the client.

**Field name:** referrer\_profession

**Data type:** string

**Required:** yes

- 1: General Practitioner
- 2: Psychiatrist
- 3: Obstetrician
- 4: Paediatrician
- 5: Other Medical Specialist
- 6: Midwife
- 7: Maternal Health Nurse
- 8: Psychologist
- 9: Mental Health Nurse
- 10: Social Worker
- 11: Occupational therapist
- 12: Aboriginal Health Worker
- 13: Educational professional
- 14: Early childhood service worker
- 15: Other
- 98: N/A - Self referral
- 99: Not stated

**Domain:**

**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'.

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### **2.3.4.37. Episode - Source of Cash Income**

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

**Field name:** income\_source

**Data type:** string

**Required:** yes

- 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

**Domain:**

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.

**Notes:**

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](#)

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### **2.3.4.38. Episode - Suicide Referral Flag**

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

**Field name:** suicide\_referral\_flag

**Data type:** string

**Required:** yes

1: Yes

2: No

**Domain:**

9: Unknown

---

#### **2.3.4.39. Episode - Tags**

List of tags for the episode.

**Field name:** episode\_tags

**Data type:** string

**Required:** no

A comma separated list of tags.

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

**Notes:** 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 .

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#### **2.3.4.40. K5 - Question 1**

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

**Field name:** k5\_item1

**Data type:** string

**Required:** yes

1: None of the time

2: A little of the time

3: Some of the time

**Domain:** 4: Most of the time

5: All of the time

9: Not stated / Missing

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

---

#### **2.3.4.41. 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

1: None of the time

2: A little of the time

3: Some of the time

**Domain:** 4: Most of the time

5: All of the time

9: Not stated / Missing

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

---

#### **2.3.4.42. 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

1: None of the time

2: A little of the time

3: Some of the time

**Domain:** 4: Most of the time

5: All of the time

9: Not stated / Missing

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

---

#### **2.3.4.43. 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

1: None of the time

2: A little of the time

3: Some of the time

**Domain:** 4: Most of the time

5: All of the time

9: Not stated / Missing

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

---

#### **2.3.4.44. 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

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

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

---

#### **2.3.4.45. K5 - Score**

The overall K5 score.

**Field name:** k5\_score

**Data type:** integer

**Required:** yes

**Domain:** 5 - 25, 99 = Not stated / Missing

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

**Notes:** 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'

---

#### **2.3.4.46. K5 - Tags**

List of tags for the collection occasion.

**Field name:** k5\_tags

**Data type:** string

**Required:** no

A comma separated list of tags.

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

**Notes:** 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 .

---

#### 2.3.4.47. 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

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

**Domain:** 4: Most of the time

- 5: All of the time
- 9: Not stated / Missing

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

---

#### 2.3.4.48. K10+ - Question 2

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

**Field name:** k10p\_item2

**Data type:** string

**Required:** yes

1: None of the time

2: A little of the time

3: Some of the time

**Domain:** 4: Most of the time

5: All of the time

9: Not stated / Missing

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

---

#### **2.3.4.49. 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

1: None of the time

2: A little of the time

3: Some of the time

**Domain:** 4: Most of the time

5: All of the time

9: Not stated / Missing

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

---

#### **2.3.4.50. K10+ - Question 4**

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

**Field name:** k10p\_item4

**Data type:** string

**Required:** yes

1: None of the time

2: A little of the time

3: Some of the time

**Domain:** 4: Most of the time

5: All of the time

9: Not stated / Missing

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

---

#### **2.3.4.51. 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

1: None of the time

2: A little of the time

3: Some of the time

**Domain:** 4: Most of the time

5: All of the time

9: Not stated / Missing

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

---

#### **2.3.4.52. 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

1: None of the time

2: A little of the time

3: Some of the time

**Domain:** 4: Most of the time

5: All of the time

9: Not stated / Missing

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

---

#### **2.3.4.53. K10+ - Question 7**

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

**Field name:** k10p\_item7

**Data type:** string

**Required:** yes

1: None of the time

2: A little of the time

3: Some of the time

**Domain:** 4: Most of the time

5: All of the time

9: Not stated / Missing

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

---

#### **2.3.4.54. 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

1: None of the time

2: A little of the time

3: Some of the time

**Domain:** 4: Most of the time

5: All of the time

9: Not stated / Missing

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

---

#### **2.3.4.55. 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

1: None of the time

2: A little of the time

3: Some of the time

**Domain:** 4: Most of the time

5: All of the time

9: Not stated / Missing

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

---

#### **2.3.4.56. K10+ - Question 10**

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

**Field name:** k10p\_item10

**Data type:** string

**Required:** yes

1: None of the time

2: A little of the time

3: Some of the time

**Domain:** 4: Most of the time

5: All of the time

9: Not stated / Missing

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

---

#### **2.3.4.57. 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.

---

#### **2.3.4.58. 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.

---

#### **2.3.4.59. 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.

---

#### **2.3.4.60. 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

1: None of the time

2: A little of the time

3: Some of the time

**Domain:** 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.

---

#### **2.3.4.61. K10+ - Score**

The overall K10 score.

**Field name:** k10p\_score

**Data type:** integer

**Required:** yes

**Domain:** 10 - 50, 99 = Not stated / Missing

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.

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

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

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

---

#### 2.3.4.62. K10+ - Tags

List of tags for the collection occasion.

**Field name:** k10p\_tags

**Data type:** string

**Required:** no

A comma separated list of tags.

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

**Notes:** 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 .

---

#### 2.3.4.63. Organisation Key

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

**Field name:** organisation\_key

**Data type:** string (2,50)

**Required:** yes

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

---

#### 2.3.4.64. Organisation Path

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

**Field name:** organisation\_path

**Data type:** string

**Required:** yes

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:

Notes:	Organisation Key	Organisation Name	Organisation Type	Parent Organisation	Organisation Path
	PHN999	Test PHN	Primary Health Network	None	PHN999
	PO101	Test Provider Organisation	Private Allied Health Professional Practice	PHN999	PHN999:PO101

---

#### 2.3.4.65. Practitioner - Aboriginal and Torres Strait Islander Status

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

**Field name:** practitioner\_atsi\_status

**Data type:** string

**Required:** yes

- 1: Aboriginal but not Torres Strait Islander origin
- 2: Torres Strait Islander but not Aboriginal origin
- 3: Both Aboriginal and Torres Strait Islander origin
- 4: Neither Aboriginal or Torres Strait Islander origin
- 9: Not stated/inadequately described

**Domain:**

**Code 9 is not to be available as a valid answer to the questions but is intended for use:**

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

**Notes:**

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

**METeOR:** [291036](#)

---

#### **2.3.4.66. Practitioner - Active**

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

**Field name:** practitioner\_active

**Data type:** string

**Required:** yes

0: Inactive

**Domain:** 1: Active

---

#### **2.3.4.67. Practitioner - ATSI Cultural Training**

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

**Field name:** atsi\_cultural\_training

**Data type:** string

**Required:** yes

1: Yes

2: No

**Domain:** 3: Not required

9: Missing / Not recorded

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

- not of Aboriginal or Torres Strait Islander status; or
- are not employed by an Aboriginal Community Controlled Health Service.

**1 - Yes**

The practitioner has:

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

**Notes:**

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

**2 - No**

The practitioner has not met the requirements stated above.

**3 - Not required**

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

**4 - Missing/Not recorded**

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

---

#### **2.3.4.68. Practitioner - Category**

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

**Field name:** practitioner\_category

**Data type:** string

**Required:** yes

- 1: Clinical Psychologist
- 2: General Psychologist
- 3: Social Worker
- 4: Occupational Therapist
- 5: Mental Health Nurse
- 6: Aboriginal and Torres Strait Islander Health/Mental Health Worker
- 7: Low Intensity Mental Health Worker
  
- Domain:**
- 8: General Practitioner
- 9: Psychiatrist
- 10: Other Medical
- 11: Other
- 12: Psychosocial Support Worker
- 13: Peer Support Worker
- 99: Not stated

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

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

#### **12 - Psychosocial Support Worker**

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

#### **13 - Peer Support Worker**

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

#### **Changes in effect from 1 January 2019**

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

#### **2.3.4.69. Practitioner - Gender**

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

**Field name:** practitioner\_gender

**Data type:** string

**Required:** yes

0: Not stated/Inadequately described

1: Male

**Domain:** 2: Female

3: Other

**ABS:**

<http://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/1200.055.012Main%20Features12016?opendocument&tabname=Summary&prodno=1200.055.012&issue=2016-06>

---

#### **2.3.4.70. Practitioner Key**

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

**Field name:** practitioner\_key

**Data type:** string (2,50)

**Required:** yes

**Notes:** Practitioner keys are case sensitive and must be valid unicode characters.

---

#### **2.3.4.71. Practitioner - Tags**

List of tags for the practitioner.

**Field name:** practitioner\_tags

**Data type:** string

**Required:** no

A comma separated list of tags.

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

**Notes:** 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 .

---

#### 2.3.4.72. Practitioner - Year of Birth

The year the practitioner was born.

**Field name:** practitioner\_year\_of\_birth

**Data type:** gYear

**Required:** yes

**Domain:** gYear

- The year of birth must not be in the future.
  - The year of birth must be after 1900.
  - If the year of birth is unknown, the following approaches should be used:
    - If the age of the practitioner is known, the age should be used to derive the year of birth
    - If the age of the practitioner is unknown, an estimated age of the practitioner should be used to estimate a year of birth
    - If the date of birth is totally unknown, use 9999.
- 

#### 2.3.4.73. Provider Organisation - ABN

The Australian Business Number of the provider organisation.

**Field name:** organisation\_abn

**Data type:** string (11)

**Required:** yes

---

#### **2.3.4.74. Provider Organisation - Legal Name**

The legal name of the provider organisation.

**Field name:** organisation\_legal\_name

**Data type:** string

**Required:** no

---

#### **2.3.4.75. Provider Organisation - Name**

The name of the provider organisation.

**Field name:** organisation\_name

**Data type:** string (2,100)

**Required:** yes

---

#### **2.3.4.76. Provider Organisation - State**

The state that the provider organisation operates in.

**Field name:** organisation\_state

**Data type:** string

**Required:** yes

1: New South Wales

2: Victoria

3: Queensland

4: South Australia

5: Western Australia

**Domain:**

6: Tasmania

7: Northern Territory

8: Australian Capital Territory

9: Other Territories

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

**Notes:** • Code is from Meteor with the addition of code for Other Territories.

METeOR: [613718](#)

---

### 2.3.4.77. Provider Organisation - Status

A flag to represent whether a provider organisation is actively delivering services.

**Field name:** organisation\_status

**Data type:** string

**Required:** yes

0: Inactive

Domain: 1: Active

---

### 2.3.4.78. Provider Organisation - Tags

List of tags for the provider organisation.

**Field name:** organisation\_tags

**Data type:** string

**Required:** no

A comma separated list of tags.

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

**Notes:** 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 .

---

### 2.3.4.79. Provider Organisation - Type

The category that best describes the provider organisation.

**Field name:** organisation\_type

**Data type:** string

**Required:** yes

- 1: Private Allied Health Professional Practice
- 2: Private Psychiatry Practice
- 3: General Medical Practice
- 4: Private Hospital
- 5: Headspace Centre
- 6: Early Youth Psychosis Centre
- 7: Community-managed Community Support Organisation
- 8: Aboriginal Health/Medical Service
- Domain:**
- 9: State/Territory Health Service Organisation
- 10: Drug and/or Alcohol Service
- 11: Primary Health Network
- 12: Medicare Local
- 13: Division of General Practice
- 98: Other
- 99: Missing

**1 - Private Allied Health Professional Practice**

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

**2 - Private Psychiatry practice**

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

**3 - General Medical Practice**

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

**4 - Private Hospital**

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

**5 - Headspace Centre**

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

Note: Headspace and Early Psychosis Youth Centres currently collect and report a standardised dataset to headsphere National Office. Pending the future of these arrangements, reporting of the PMHC minimum data set is not required by those organisations previously funded through headsphere National Office that transitioned to PHNs. Where new or additional services are commissioned by PHNs and delivered through existing Headspace or Early Psychosis Youth Centres, local decisions will be required as to whether these services can be captured through headsphere National Office system or are better reported through the PMHC MDS.

**6 - Early Youth Psychosis Centre**

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

Note: See Note above re Headspace.

**7 - Community-managed Community Support Organisation**

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

**8 - Aboriginal Health/Medical Service**

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

**9 - State/Territory Health Service Organisation**

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

**10 - Drug and/or Alcohol Service Organisation**

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

**11 - Primary Health Network**

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

**12 - Medicare Local**

The provider organisation is a former Medicare Local entity.

**13 - Division of General Practice**

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

**98 - Other**

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

---

**2.3.4.80. SDQ Collection Occasion - Version**

The version of the SDQ collected.

**Field name:** sdq\_version

**Data type:** string

**Required:** yes

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

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

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

**Domain:** **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>

---

**2.3.4.81. SDQ - Conduct Problem Scale**

**Field name:** sdq\_conduct\_problem

**Data type:** integer

**Required:** yes

**Domain:** 0 - 10, 99 = Not stated / Missing

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

**Notes:**

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

---

#### **2.3.4.82. SDQ - Emotional Symptoms Scale**

**Field name:** sdq\_emotional\_symptoms

**Data type:** integer

**Required:** yes

**Domain:** 0 - 10, 99 = Not stated / Missing

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

**Notes:**

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

---

#### **2.3.4.83. SDQ - Hyperactivity Scale**

**Field name:** sdq\_hyperactivity

**Data type:** integer

**Required:** yes

**Domain:** 0 - 10, 99 = Not stated / Missing

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

**Notes:**

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

---

#### **2.3.4.84. SDQ - Impact Score**

**Field name:** sdq\_impact

**Data type:** integer

**Required:** yes

**Domain:** 0 - 10, 99 = Not stated / Missing

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

**Notes:**

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

---

#### **2.3.4.85. SDQ - Peer Problem Scale**

**Field name:** sdq\_peer\_problem

**Data type:** integer

**Required:** yes

**Domain:** 0 - 10, 99 = Not stated / Missing

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

**Notes:**

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

---

#### **2.3.4.86. SDQ - Prosocial Scale**

**Field name:** sdq\_prosocial

**Data type:** integer

**Required:** yes

**Domain:** 0 - 10, 99 = Not stated / Missing

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

**Notes:**

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

---

#### **2.3.4.87. 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

0: Not True

1: Somewhat True

2: Certainly True

**Domain:**

7: Unable to rate (insufficient information)

9: Not stated / Missing

Required Versions: All

**Notes:**

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

---

### **2.3.4.88. 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

0: Not True

1: Somewhat True

2: Certainly True

**Domain:**

7: Unable to rate (insufficient information)

9: Not stated / Missing

Required Versions: All

**Notes:**

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

---

### **2.3.4.89. 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

0: Not True

1: Somewhat True

2: Certainly True

**Domain:**

7: Unable to rate (insufficient information)

9: Not stated / Missing

Required Versions: All

**Notes:**

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

---

#### **2.3.4.90. 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

0: Not True

1: Somewhat True

2: Certainly True

**Domain:**

7: Unable to rate (insufficient information)

9: Not stated / Missing

Required Versions: All

**Notes:**

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

---

#### **2.3.4.91. 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

0: Not True

1: Somewhat True

2: Certainly True

**Domain:**

7: Unable to rate (insufficient information)

9: Not stated / Missing

Required Versions: All

**Notes:**

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

---

### **2.3.4.92. 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

0: Not True

1: Somewhat True

2: Certainly True

**Domain:**

7: Unable to rate (insufficient information)

9: Not stated / Missing

Required Versions: All

**Notes:**

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

---

### **2.3.4.93. 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

Required Versions: All

**Notes:**

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

---

#### **2.3.4.94. 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

Required Versions: All

**Notes:**

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

---

#### **2.3.4.95. 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

0: Not True

1: Somewhat True

2: Certainly True

**Domain:**

7: Unable to rate (insufficient information)

9: Not stated / Missing

Required Versions: All

**Notes:**

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

---

#### **2.3.4.96. 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

0: Not True

1: Somewhat True

2: Certainly True

**Domain:**

7: Unable to rate (insufficient information)

9: Not stated / Missing

Required Versions: All

**Notes:**

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

---

#### **2.3.4.97. 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

0: Not True

1: Somewhat True

2: Certainly True

**Domain:**

7: Unable to rate (insufficient information)

9: Not stated / Missing

Required Versions: All

**Notes:**

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

---

#### **2.3.4.98. 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

0: Not True

1: Somewhat True

2: Certainly True

**Domain:**

7: Unable to rate (insufficient information)

9: Not stated / Missing

Required Versions: All

**Notes:**

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

---

#### **2.3.4.99. 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

0: Not True

1: Somewhat True

2: Certainly True

**Domain:**

7: Unable to rate (insufficient information)

9: Not stated / Missing

Required Versions: All

**Notes:**

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

---

#### **2.3.4.100. 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

0: Not True

1: Somewhat True

2: Certainly True

**Domain:**

7: Unable to rate (insufficient information)

9: Not stated / Missing

Required Versions: All

**Notes:**

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

---

### **2.3.4.101. 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

0: Not True

1: Somewhat True

2: Certainly True

**Domain:**

7: Unable to rate (insufficient information)

9: Not stated / Missing

Required Versions: All

**Notes:**

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

---

### **2.3.4.102. SDQ - Question 16**

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

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

**Field name:** sdq\_item16

**Data type:** string

**Required:** yes

0: Not True

1: Somewhat True

2: Certainly True

**Domain:**

7: Unable to rate (insufficient information)

9: Not stated / Missing

Required Versions: All

**Notes:**

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

---

### **2.3.4.103. 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

0: Not True

1: Somewhat True

2: Certainly True

**Domain:**

7: Unable to rate (insufficient information)

9: Not stated / Missing

Required Versions: All

**Notes:**

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

---

### **2.3.4.104. 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

0: Not True

1: Somewhat True

2: Certainly True

**Domain:**

7: Unable to rate (insufficient information)

9: Not stated / Missing

Required Versions: All

**Notes:**

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

---

### **2.3.4.105. 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

0: Not True

1: Somewhat True

2: Certainly True

**Domain:**

7: Unable to rate (insufficient information)

9: Not stated / Missing

Required Versions: All

**Notes:**

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

---

### **2.3.4.106. 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

0: Not True

1: Somewhat True

2: Certainly True

**Domain:**

7: Unable to rate (insufficient information)

9: Not stated / Missing

Required Versions: All

**Notes:**

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

---

### **2.3.4.107. 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

0: Not True

1: Somewhat True

2: Certainly True

**Domain:**

7: Unable to rate (insufficient information)

9: Not stated / Missing

**Required Versions:** All

**Notes:**

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

---

### **2.3.4.108. 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

0: Not True

1: Somewhat True

2: Certainly True

**Domain:**

7: Unable to rate (insufficient information)

9: Not stated / Missing

**Required Versions:** All

**Notes:**

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

---

### **2.3.4.109. 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

0: Not True

1: Somewhat True

2: Certainly True

**Domain:**

7: Unable to rate (insufficient information)

9: Not stated / Missing

Required Versions: All

**Notes:**

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

---

### **2.3.4.110. 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

0: Not True

1: Somewhat True

2: Certainly True

**Domain:**

7: Unable to rate (insufficient information)

9: Not stated / Missing

Required Versions: All

**Notes:**

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

---

### **2.3.4.111. 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

0: Not True

1: Somewhat True

2: Certainly True

**Domain:**

7: Unable to rate (insufficient information)

9: Not stated / Missing

**Required Versions:** All

**Notes:**

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

---

### **2.3.4.112. 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

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

Required Versions: All

**Notes:**

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

---

### **2.3.4.113. 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

- 0: Less than a month
  - 1: 1-5 months
  - 2: 6-12 months
  - 3: Over a year
- Domain:**
- 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

Required Versions: - PC101 - PY101 - YR101

**Notes:**

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

---

### **2.3.4.114. 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

0: Not at all

1: A little

2: A medium amount

3: A great deal

**Domain:**

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

Required Versions: All

**Notes:**

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

---

### 2.3.4.115. 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

0: Not at all

1: A little

2: A medium amount

3: A great deal

**Domain:**

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

Required Versions: All

**Notes:**

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

---

### **2.3.4.116. 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

0: Not at all

1: A little

2: A medium amount

3: A great deal

**Domain:**

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

Required Versions: All

**Notes:**

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

---

### **2.3.4.117. 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

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

**Domain:**

- 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

Required Versions: All

**Notes:**

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

---

### **2.3.4.118. 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

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

**Domain:**

- 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

Required Versions: All

**Notes:**

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

---

### **2.3.4.119. 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

0: Not at all

1: A little

2: A medium amount

3: A great deal

**Domain:**

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

Required Versions: All

**Notes:**

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

---

### **2.3.4.120. 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

- 0: Much worse
  - 1: A bit worse
  - 2: About the same
  - 3: A bit better
- Domain:**
- 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

Required Versions:

- PC201

- Notes:**
- PY201
  - YR201

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

---

#### 2.3.4.121. 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

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

Required Versions:

- PC201

Notes:

- PY201
- YR201

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

---

#### **2.3.4.122. 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

0: No

1: A little

2: A lot

Domain: 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

Required Versions:

- Notes:
- PC101
  - PY101

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

---

#### **2.3.4.123. 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

0: No

1: A little

2: A lot

**Domain:** 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

Required Versions:

• PC101

**Notes:** • PY101

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

---

#### **2.3.4.124. 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

0: No

1: A little

2: A lot

**Domain:** 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

Required Versions:

• PC101

**Notes:** • PY101

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

---

#### **2.3.4.125. 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

0: No

1: A little

2: A lot

**Domain:** 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

Required Versions:

**Notes:** • YR101

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

---

#### **2.3.4.126. 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

0: No

1: A little

2: A lot

**Domain:** 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

Required Versions:

Notes: • YR101

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

---

#### 2.3.4.127. SDQ - Question 41

Does your family complain about you being awkward or troublesome?

Field name: sdq\_item41

Data type: string

Required: yes

0: No

1: A little

2: A lot

Domain: 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

Required Versions:

Notes: • YR101

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

---

#### 2.3.4.128. SDQ - Question 42

Do your teachers complain about you being awkward or troublesome?

Field name: sdq\_item42

Data type: string

Required: yes

0: No

1: A little

2: A lot

**Domain:** 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

Required Versions:

**Notes:** • YR101

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

---

#### 2.3.4.129. SDQ - Tags

List of tags for the collection occasion.

**Field name:** sdq\_tags

**Data type:** string

**Required:** no

A comma separated list of tags.

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

**Notes:** 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 .

---

#### 2.3.4.130. SDQ - Total Difficulties Score

**Field name:** sdq\_total

**Data type:** integer

**Required:** yes

**Domain:** 0 - 40, 99 = Not stated / Missing

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

**Notes:**

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

---

### **2.3.4.131. Service Contact - Client Participation Indicator**

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

**Field name:** service\_contact\_participation\_indicator

**Data type:** string

**Required:** yes

1: Yes

**Domain:** 2: No

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.

**Notes:** 2 - No

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

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

**METeOR:** 494341

---

### **2.3.4.132. Service Contact - Copayment**

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

**Field name:** service\_contact\_copayment

**Data type:** number

**Required:** yes

**Domain:** 0 - 999999.99

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

**Notes:** 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.

---

#### **2.3.4.133. 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

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.

**Notes:**

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

**METeOR:** [494356](#)

---

#### **2.3.4.134. Service Contact - Duration**

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

**Field name:** service\_contact\_duration

**Data type:** string

**Required:** yes

- 0: No contact took place
  - 1: 1-15 mins
  - 2: 16-30 mins
  - 3: 31-45 mins
  - 4: 46-60 mins
- Domain:**
- 5: 61-75 mins
  - 6: 76-90 mins
  - 7: 91-105 mins
  - 8: 106-120 mins
  - 9: over 120 mins

**Notes:**

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

**0 - No contact took place**

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

---

#### **2.3.4.135. Service Contact - Final**

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

**Field name:** service\_contact\_final

**Data type:** string

**Required:** yes

- 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

**Domain:**

- 3: Not known at this stage

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:

- Notes:**
- 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.

---

#### **2.3.4.136. Service Contact - Interpreter Used**

Whether an interpreter service was used during the Service Contact

**Field name:** service\_contact\_interpreter

**Data type:** string

**Required:** yes

1: Yes

2: No

**Domain:**

9: Not stated

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.

**Notes:**

**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.

---

#### **2.3.4.137. Service Contact - Modality**

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

**Field name:** service\_contact\_modality

**Data type:** string

**Required:** yes

0: No contact took place

1: Face to Face

2: Telephone

**Domain:**

3: Video

4: Internet-based

**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.

**Notes:**

**4 - Internet-based**

Includes email communication, that 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.

---

### 2.3.4.138. Service Contact - No Show

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

**Field name:** service\_contact\_no\_show

**Data type:** string

**Required:** yes

1: Yes

**Domain:** 2: No

**1 - Yes**

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

**Notes:** 2 - No

The intended participant(s) attended the appointment.

### **2.3.4.139. Service Contact - Participants**

An indication of who participated in the Service Contact.

**Field name:** service\_contact\_participants

**Data type:** string

**Required:** yes

- 1: Individual client
- 2: Client group
- 3: Family / Client Support Network

**Domain:**

- 4: Other health professional or service provider
- 5: Other
- 9: Not stated

#### **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**

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

#### **5 - Other**

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

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

---

### **2.3.4.140. Service Contact - Postcode**

The Australian postcode where the service contact took place.

**Field name:** service\_contact\_postcode

**Data type:** string

**Required:** yes

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

- Notes:**
- 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](#)

---

#### 2.3.4.141. Service Contact - Tags

List of tags for the service contact.

**Field name:** service\_contact\_tags

**Data type:** string

**Required:** no

A comma separated list of tags.

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

**Notes:** 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 .

---

#### 2.3.4.142. 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**

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.

#### Changes in effect from 1 January 2019

- A new Psychosocial Support code has been added to the existing Service Contact Type data item. New code 9.

---

#### 2.3.4.143. Service Contact - Venue

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

**Field name:** service\_contact\_venue

**Data type:** string

**Required:** yes

- 1:** Client's Home
  - 2:** Service provider's office
  - 3:** GP Practice
  - 4:** Other medical practice
  - 5:** Headspace Centre
  - 6:** Other primary care setting
  - 7:** Public or private hospital
- Domain:**
- 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

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

**Notes:** 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.

**Changes in effect from 1 January 2019**

Amendment has been made to the existing Service Contact Venue data item, to enable better identification of residential aged care facilities. Specifically: - the existing Code 8 ('Aged Care Centre') has been re-defined and titled 'Residential Aged Care Facility' - a new Service Contact code has been added (Code 12) for service contacts delivered in 'Aged Care Centre – Non residential'

The data model and elements of the PMHC MDS provide a good fit for this measure, with minimal adjustment required to enable reporting by service providers. The only element requiring modification is the Service Contact Venue field, to enable better identification of residential aged care facilities.

Reassignment of Code 8 is justified by its relatively low use (0.2% of service contacts in 2017 18, approx. 1,300 contacts of 540,000 total) and the need to create a new code for non-residential aged care centres.

---

#### **2.3.4.144. 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 organisation.

**Field name:** service\_contact\_key

**Data type:** string (2,50)

**Required:** yes

**Notes:** Service contact keys are case sensitive and must be valid unicode characters.

---

### 2.3.5. Download Specification Files

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

- [Specification zip](#)

## 2.4. Upload specification

### 2.4.1. File types

Files will be accepted in the following types:

- Comma Separated Values (CSV)
- Excel (XLSX)

#### 2.4.1.1. Comma Separated Values (CSV)

The CSV files must conform to [RFC 4180](#).

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

CSV files must have the file extension .csv

Multiple CSV files must be uploaded - one CSV file for each format described [below](#).

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

#### 2.4.1.2. Excel (XLSX)

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

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

One XLSX file must be uploaded containing multiple worksheets - one worksheet for each format described [below](#).

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

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

### 2.4.2. Files or worksheets to upload

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

*Table 2.9 Summary of files to upload*

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

Each of the example files assumes the following organisation structure:

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

### 2.4.3. File format

The first row in each file/worksheet must include the following columns:

Version	1.0
---------	-----

The second row must contain the column headings as defined for each file type. The third and subsequent rows must contain the data.

Data elements for each file/worksheet are defined at [Record formats](#).

Each item is a column in the file/worksheet. The 'Field Name' must be used for the column headings. The columns must be kept in the same order.

All files must be internally consistent. An example of what this means is that for every row in the episode file/worksheet, there must be a corresponding client in the client file/worksheet.

It also means that for every episode included in an upload file, you must include ALL service contacts and measures for that episode.

#### **2.4.3.1. Client format**

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

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

Example client data:

- [CSV client file](#).
- [XLSX client worksheet](#).

#### **2.4.3.2. Episode file format**

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

Data elements for the episode upload file/worksheet are defined at [Episode](#).

Example episode data:

- [CSV episode file](#).
- [XLSX episode worksheet](#).

#### **2.4.3.3. Service Contact file format**

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

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

Example service contact data:

- [CSV service contact file](#).
- [XLSX service contact worksheet](#).

#### **2.4.3.4. K10+ Collection Occasion file format**

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

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

Example K10+ data:

- [CSV K10+ file](#).
- [XLSX K10+ worksheet](#).

#### **2.4.3.5. K5 Collection Occasion file format**

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

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

Example K5 data:

- [CSV K5 file](#).
- [XLSX K5 worksheet](#).

#### **2.4.3.6. SDQ Collection Occasion file format**

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

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

Example SDQ data:

- [CSV SDQ file](#).
- [XLSX SDQ worksheet](#).

#### **2.4.3.7. Practitioner file format**

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

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

Example practitioner data:

- [CSV practitioner file](#).
- [XLSX practitioner worksheet](#).

#### **2.4.3.8. Organisation file format**

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

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

Example organisation data:

- [CSV organisation file](#).
- [XLSX organisation worksheet](#).

#### **2.4.3.9. Deleting records**

- Records of the following type can be deleted via upload:
  - Client
  - Episode
  - Service Contact
  - K10+
  - K5
  - SDQ
  - Practitioner
- Organisation records *cannot* be deleted via upload. Please email [support@pmhc-mds.com](mailto:support@pmhc-mds.com) if you need to delete an organisation.
- An extra optional “delete” column can be added to each of the supported upload files/worksheets.
- If included, this column must be the third column in each file, after the organisation path and the record’s entity key.
- To delete a record, include its organisation path and its entity key, leave all other fields blank and put “delete” in the “delete” column. Please note that case is important. “DELETE” will not be accepted.
- Marking a record as deleted will require all child records of that record also to be marked for deletion. For example, marking a client as deleted will require all episodes, service contacts and collection occasions of that client to be marked for deletion.
- While deletions can be included in the same upload as insertions/updates, we recommend that you include all deletions in a separate upload that is uploaded before the insertions/updates.

Example files showing how to delete via upload:

- [XLSX file containing all the worksheets.](#)
- [CSV delete client file.](#)
- [CSV delete episode file.](#)
- [CSV delete service contact file.](#)
- [CSV delete K10+ file.](#)
- [CSV delete K5 file.](#)
- [CSV delete SDQ file.](#)
- [CSV delete practitioner file.](#)

#### 2.4.4. Frequently Asked Questions

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

### 2.5. Data item summary

*Table 2.10 Summary of data items*

Provider Organisation	Practitioner	Client	Episode	Service Contact	K10+ Collection Occasion
Organisation Path	Organisation Path	Organisation Path	Organisation Path	Organisation Path	Organisation Path
Organisation Key	Practitioner Key	Client Key	Episode Key	Service Contact Key	Collection Occasion Key
Provider Organisation - Name	Practitioner - Category	Client - Statistical Linkage Key	Client Key	Episode Key	Episode Key
Provider Organisation - Legal Name	Practitioner - ATSI Cultural Training	Client - Date of Birth	Episode - End Date	Practitioner Key	Collection Occasion - Measure Date
Provider Organisation - ABN	Practitioner - Year of Birth	Client - Estimated Date of Birth Flag	Episode - Client Consent to Anonymised Data	Service Contact - Date	Collection Occasion - Reason
Provider Organisation - Type	Practitioner - Gender	Client - Gender	Episode - Completion Status	Service Contact - Type	K10+ - Question 1
Provider Organisation - State	Practitioner - Aboriginal and Torres Strait Islander Status	Client - Aboriginal and Torres Strait Islander Status	Episode - Referral Date	Service Contact - Postcode	K10+ - Question 2
Provider Organisation - Status	Practitioner - Active	Client - Country of Birth	Episode - Principal Focus of Treatment Plan	Service Contact - Modality	K10+ - Question 3

Provider Organisation	Practitioner	Client	Episode	Service Contact	K10+ Collection Occas
Provider Organisation - Tags	Practitioner - Tags	Client - Main Language Spoken at Home	Episode - GP Mental Health Treatment Plan Flag	Service Contact - Participants	K10+ - Question 4
		Client - Proficiency in Spoken English	Episode - Homelessness Flag	Service Contact - Venue	K10+ - Question 5
		Client - Tags	Episode - Area of usual residence, postcode	Service Contact - Duration	K10+ - Question 6
			Episode - Labour Force Status	Service Contact - Copayment	K10+ - Question 7
			Episode - Employment Participation	Service Contact - Client Participation Indicator	K10+ - Question 8
			Episode - Source of Cash Income	Service Contact - Interpreter Used	K10+ - Question 9
			Episode - Health Care Card	Service Contact - No Show	K10+ - Question 10
			Episode - NDIS Participant	Service Contact - Final	K10+ - Question 11
			Episode - Marital Status	Service Contact - Tags	K10+ - Question 12
			Episode - Suicide Referral Flag		K10+ - Question 13
			Episode - Principal Diagnosis		K10+ - Question 14
			Episode - Additional Diagnosis		K10+ - Score
			Episode - Medication - Antipsychotics (N05A)		K10+ - Tags
			Episode - Medication - Anxiolytics (N05B)		
			Episode - Medication - Hypnotics and sedatives (N05C)		



## 2.6. Using the data specification to create client forms

Some consideration needs to be taken when designing forms based on this data specification.

### **2.6.1. Not stated/missing codes**

Not stated/missing codes (normally code 9, 99, 999 or 9999) are not to be available as a valid answers to questions but is intended for use:

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

## 2.6.2. Country of Birth

**Client - Country of Birth** has a large permitted domain. It is not feasible to provide all allowed responses on a form.

The Australian Bureau of Statistics recommends two standard question modules for Country of Birth:

- Detailed question module
  - Short question module

#### **2.6.2.1. Detailed question module**

The detailed question module is the recommended module for Country of Birth. An example is:

Q. In which country [were you][was the person] born?

Australia      q  
England      q  
New Zealand    q  
India      q  
Italy      q  
Vietnam      q  
Philippines    q  
South Africa   q  
Scotland      q  
Malaysia      q  
Other - Please specify.....

Form designers do not need to use the countries shown in this example. They should choose countries relevant to the population for their region. The “Other” response can then be mapped to a [Client - Country of Birth](#) during data entry.

### 2.6.2.2. Short question module

The short question module can be used where there are space constraints. An example is:

Q. In which country [were you][was the person] born?

Australia      q  
Other - please specify.....

The “Other” response can then be mapped to a country code during data entry. This form has higher overheads as each response will need to be matched to a [Client - Country of Birth](#) during data entry.

### 2.6.3. Main Language Spoken at Home

[Client - Main Language Spoken at Home](#) has a large permitted domain. It is not feasible to provide all allowed responses on a form. The Australian Bureau of Statistics recommends two standard question modules for Main Language Spoken at Home:

- [Detailed question module](#)
- [Short question module](#)

#### 2.6.3.1. Detailed question module

The detailed question module is the recommended module for Main Language Spoken at Home. An example is:

Q. [Do you] [Does the person] speak a language other than English at home?  
(If more than one language, indicate the one that is spoken most often.)

No, English q  
Yes, Mandarin q  
Yes, Italian q  
Yes, Arabic q  
Yes, Cantonese q  
Yes, Greek q  
Yes, Vietnamese q  
Yes, Spanish q  
Yes, Hindi q  
Yes, Tagalog q  
Yes, Other - Please Specify.....

For self enumerated questionnaires, respondents should be instructed to mark one box only.

Form designers do not need to use the languages shown in this example. They should choose languages relevant to the population for their region. The “Other” response can then be mapped to a [Client - Main Language Spoken at Home](#) during data entry.

### 2.6.3.2. Short question module

The short question module can be used where there are space constraints. An example is:

Q. [Do you] [Does the person] speak a language other than English at home?  
No, English only q  
Yes, Other - please specify.....

The “Other” response can then be mapped to a country code during data entry. This form has higher overheads as each response will need to be matched to a [Client - Main Language Spoken at Home](#) during data entry.

## 2.7. Validation Rules

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

### 2.7.1. 1. Current Validations

### **2.7.1.1. 1. Practitioner**

1. Practitioner - ATSI Cultural Training must only be set to '3 - Not required' where Practitioner - Aboriginal and Torres Strait Islander Status is one of

- '1: Aboriginal but not Torres Strait Islander origin'
- '2: Torres Strait Islander but not Aboriginal origin'
- '3: Both Aboriginal and Torres Strait Islander origin'

or

The organisation to which the practitioner belongs has Provider Organisation - Type set to '8: Aboriginal Health/Medical Service'

### **2.7.1.2. 2. Client**

1. Client - Date of Birth must not be before 1 January 1900 and must not be in the future

### **2.7.1.3. 3. Episode**

1. The Episode - End Date must not be before the Episode - Referral Date
2. Episode - Referrer Organisation Type must be set to '98: N/A - Self referral' if and only if Episode - Referrer Profession is also '98: N/A - Self referral'
3. A maximum of one episode shall be open per client
4. Where the Episode - Completion Status has been recorded using one of the 'Episode closed' responses (Response items 1-6), the episode must have an Episode - End Date, and/or episodes that have an Episode - End Date must have an Episode - Completion Status recorded using one of the 'Episode closed' responses (Response items 1-6)
5. On Episode - Principal Diagnosis and Episode - Additional Diagnosis the values:

- '100: Anxiety disorders (ATAPS)'
- '200: Affective (Mood) disorders (ATAPS)'
- '300: Substance use disorders (ATAPS)'
- '400: Psychotic disorders (ATAPS)'

must only used where data has been migrated from ATAPS. The above responses must only be used under the following conditions:

- The Episode - Referral Date was before 1 July 2017
  - The Episode - Tags field must contain the !ATAPS flag
6. The '4: Complex care package' response for Episode - Principal Focus of Treatment Plan must only be used by selected PHN Lead Sites
  7. The !ATAPS tag must only be included in the Episode - Tags field where the Episode - Referral Date was before 1 July 2017
  8. Episode - End Date must not be before 1 January 2016 and must not be in the future
  9. Episode - Referral Date must not be before 1 January 2014 and must not be in the future

#### **2.7.1.4. 4. Service Contact**

1. Where **Service Contact - Final** is recorded as '1: No further services are planned for the client in the current episode', the **Episode - Completion Status** must be recorded using one of the 'Episode closed' responses (Response items 1-6)
2. Where **Service Contact - Final** is recorded as '1: No further services are planned for the client in the current episode', the date of the **Service Contact - Final** must be recorded as the Episode End Date
3. Where an **Episode - End Date** has been recorded, a later **Service Contact - Date** must not be added
4. If **Service Contact - Modality** is '0: No contact took place', **Service Contact - No Show** must be '1: Yes'
5. If **Service Contact - Modality** is '0: No contact took place', **Service Contact - Postcode** must be 9999
6. If **Service Contact - Modality** is '1: Face to Face', **Service Contact - Postcode** must not be 9999
7. If **Service Contact - Modality** is '1: Face to Face', **Service Contact - Venue** must not be '98: Not applicable (Service Contact Modality is not face to face)'
8. If **Service Contact - Modality** is not '1: Face to Face', **Service Contact - Postcode** must be 9999
9. On **Service Contact - Type** the value '98: ATAPS' must only be used where data has been migrated from ATAPS. The above response must only be used under the following conditions:
  - The **Service Contact - Date** was before 30 June 2018
  - The **Service Contact - Tags** field must contain the **!ATAPS** flag
10. If **Service Contact - Participants** is '1: Individual client' **Service Contact - Client Participation Indicator** must be '1: Yes'
11. The **!ATAPS** tag must only be included in the **Service Contact - Tags** field where the **Service Contact - Date** was before 30 June 2018
12. **Service Contact - Date** must not be before 1 January 2014 and must not be in the future

#### **2.7.1.5. 5. K10+**

1. **Collection Occasion - Measure Date** must not be before **Episode - Referral Date**
2. **Collection Occasion - Measure Date** must not be after **Episode - End Date**
3. If both item scores and a total score are specified, the item scores must add up to the total score
4. **Collection Occasion - Measure Date** must not be before 1 January 2016 and must not be in the future

#### **2.7.1.6. 6. K5**

1. **Collection Occasion - Measure Date** must not be before **Episode - Referral Date**
2. **Collection Occasion - Measure Date** must not be after **Episode - End Date**
3. If both item scores and a total score are specified, the item scores must add up to the total score
4. **Collection Occasion - Measure Date** must not be before 1 January 2016 and must not be in the future

#### **2.7.1.7. 7. SDQ**

1. **Collection Occasion - Measure Date** must not be before **Episode - Referral Date**
2. **Collection Occasion - Measure Date** must not be after **Episode - End Date**
3. **Collection Occasion - Measure Date** must not be before 1 January 2016 and must not be in the future

## 2.7.2. 2. Future Validations

### 2.7.2.1. SDQ

1. Use the table at [SDQ](#) to validate the items that are used in each version of the SDQ
2. If both item scores, subscales and total score are specified, the item scores must agree with the subscales/total score

## 2.8. ATAPS MDS to PMHC MDS data mapping

### 2.8.1. Practitioner

See [Practitioner](#) for the definition of a practitioner.

The low completion rate of MHPro profile data within the ATAPS MDS results in many practitioner records being populated with mostly “missing” values.

*Table 2.11 Practitioner record mapping*

Data Element (Field Name)	Type (min,max)	Format / Values
<a href="#">Organisation Path</a> (organisation_path)	string	No comparable concept in ATAPS MDS. PHN's will be required to populate this field.
<a href="#">Practitioner Key</a> (practitioner_key)	string (2,50)	The MHPro nickname from the ATAPS MDS

Data Element (Field Name)	Type (min,max)	Format / Values		
		Populated from ATAPS MHPro profile <i>profession</i> data using the following mapping:		
<b>Practitioner - Category</b>  (practitioner_category)	string	<b>ATAPS MHP Profession</b>	<b>PMHC Practitioner category</b>	
		1: Psychologist (Clinical)	1: Clinical Psychologist	
		2: Psychologist (Generalist/ Other)	2: General Psychologist	
		3: Social worker	3: Social Worker	
		4: Occupational Therapist	4: Occupational Therapist	
		5: Mental Health Nurse	5: Mental Health Nurse	
		6: Aboriginal and Torres Strait Islander Health Worker	6: Aboriginal and Torres Strait Islander Health/ Mental Health Worker	
		7: Other	11: Other	
		8: Aboriginal and Torres Strait Island Mental Health Worker	6: Aboriginal and Torres Strait Islander Health/ Mental Health Worker	
Any other values are mapped to				
		99: Not stated		

Data Element (Field Name)	Type (min,max)	Format / Values								
Practitioner - ATSI Cultural Training  (atsi_cultural_training)	string	<p>Not part of ATAPS MDS. All practitioner records populated with</p> <p>9: Missing / Not recorded</p>								
Practitioner - Year of Birth  (practitioner_year_of_birth)	gYear	<p>Populated from ATAPS MHPro profile data. Missing values mapped to</p> <p>9999: Date of birth is totally unknown</p>								
Practitioner - Gender  (practitioner_gender)	string	<p>Mapped from ATAPS to PMHC gender codes. Note that Female/Male codes are swapped between the two MDS systems.</p> <table border="1"> <thead> <tr> <th>ATAPS gender</th><th>PMHC gender</th></tr> </thead> <tbody> <tr> <td>0: (Blank)</td><td>0: Not stated/Inadequately described</td></tr> <tr> <td>1: Female</td><td>1: Male</td></tr> <tr> <td>2: Male</td><td>2: Female</td></tr> </tbody> </table>	ATAPS gender	PMHC gender	0: (Blank)	0: Not stated/Inadequately described	1: Female	1: Male	2: Male	2: Female
ATAPS gender	PMHC gender									
0: (Blank)	0: Not stated/Inadequately described									
1: Female	1: Male									
2: Male	2: Female									
Practitioner - Aboriginal and Torres Strait Islander Status  (practitioner_atsi_status)	string	<p>Populated from ATAPS MHPro profile data. Codes 1 to 4 map to the same values. All other values are mapped to</p> <p>9: Not stated/inadequately described</p>								
Practitioner - Active  (practitioner_active)	string	<p>MHPros in the ATAPS MDS are considered active practitioners for data migration. i.e. all records are mapped to</p> <p>1: Active</p>								

Data Element (Field Name)	Type (min,max)	Format / Values
Practitioner - Tags (practitioner_tags)	string	No comparable concept in the ATAPS MDS. All records will be populated with the reserved tag !ATAPS

## 2.8.2. Client

See [Client](#) for the definition of a client.

*Table 2.12 Client record mapping*

Data Element (Field Name)	Type (min,max)	Format / Values
Organisation Path (organisation_path)	string	No comparable concept in ATAPS MDS. PHN's will be required to populate this field.
Client Key (client_key)	string (2,50)	ATAPS patient_key
Client - Statistical Linkage Key (slk)	string (14,40)	ATAPS slk or slk_hash
Client - Date of Birth (date_of_birth)	date	Only the patients' year of birth is recorded in ATAPS. The date_of_birth field is populated with an estimated date of birth, being 1st January in the recorded year of birth.  For example, if a patient's year of birth is 1975, the PMHC client date_of_birth is mapped to 01011975.
Client - Estimated Date of Birth Flag (est_date_of_birth)	string	All clients have an estimated date of birth. Mapped to option 2 for all clients.  2: Date of birth is an estimate

Data Element (Field Name)	Type (min,max)	Format / Values								
Client - Gender (client_gender)	string	<p>Mapped from ATAPS to PMHC gender codes. Note that Female/Male codes are swapped between the two MDS systems.</p> <table border="1"> <thead> <tr> <th>ATAPS gender</th> <th>PMHC gender</th> </tr> </thead> <tbody> <tr> <td>0: (Blank)</td> <td>0: Not stated/Inadequately described</td> </tr> <tr> <td>1: Female</td> <td>1: Male</td> </tr> <tr> <td>2: Male</td> <td>2: Female</td> </tr> </tbody> </table>	ATAPS gender	PMHC gender	0: (Blank)	0: Not stated/Inadequately described	1: Female	1: Male	2: Male	2: Female
ATAPS gender	PMHC gender									
0: (Blank)	0: Not stated/Inadequately described									
1: Female	1: Male									
2: Male	2: Female									

Data Element (Field Name)	Type (min,max)	Format / Values		
		Calculated from the ATAPS patient 'Aboriginal' (aboriginal) and 'Torres Strait Islander' (torres_si) fields.		
Client - Aboriginal and Torres Strait Islander Status  (client_atsi_status)	string	ATAPS patient 'aboriginal'	ATAPS patient 'torres_si'	PMHC client atsi status
		1: Yes	2: No (or Blank)	Aboriginal but not Torres Strait Islander origin 1: Aboriginal but not Torres Strait Islander origin
		2: No (or Blank)	1: Yes	Torres Strait Islander but not Aboriginal origin 2: Torres Strait Islander but not Aboriginal origin
		1: Yes	1: Yes	Both Aboriginal and Torres Strait Islander origin 3: Both Aboriginal and Torres Strait Islander origin
		2: No (or Blank)	2: No (or Blank)	Neither Aboriginal or Torres Strait Islander origin 4: Neither Aboriginal or Torres Strait Islander origin
		3: Unknown	(any value)	Not stated/inadequately described 9: Not stated/inadequately described
Client - Country of Birth  (country_of_birth)	string (4)	Not part of ATAPS MDS. All practitioner records populated with  9999: Unknown		

Data Element (Field Name)	Type (min,max)	Format / Values	
		ATAPS patient 'language spoken at home' had a reduced set of options. These map to PMHC client 'main language spoken at home' as	
<b>Client - Main Language Spoken at Home</b>  (main_lang_at_home)	string (4)	<b>ATAPS patient lang_at_home</b>	<b>PMHC client main_lan_at_home</b>
		1: English	1201: English
		2: Italian	2401: Italian
		3: Greek	2201: Greek
		4: Cantonese	7101: Cantonese
		5: Mandarin	7104: Mandarin
		6: Arabic	4202: Arabic
		7: Vietnamese	6302: Vietnamese
		8: Other (or blank)	9999: Unknown

Data Element (Field Name)	Type (min,max)	Format / Values	
		Mapped from ATAPS patient english level:	
Client - Proficiency in Spoken English  (prof_english)	string	ATAPS patient english level	PMHC client proficiency in spoken english
		1: Very Well	1: Very well
		2: Well	2: Well
		3: Not Well	3: Not well
		4: Not at All	4: Not at all
		5: Unknown	9: Not stated/inadequately described
Client - Tags  (client_tags)	string	0: (blank)	9: Not stated/inadequately described
		No comparable concept in the ATAPS MDS. All records will be populated the reserved tag	
		!ATAPS	

### 2.8.3. Episode

See [Episode](#) for the definition of a episode.

*Table 2.13 Episode record mapping*

Data Element (Field Name)	Type (min,max)	Format / Values
Organisation Path  (organisation_path)	string	No comparable concept in ATAPS MDS.  PHN's will be required to populate this field.

Data Element (Field Name)	Type (min,max)	Format / Values
Episode Key  (episode_key)	string (2,50)	A unique identifier for each episode generated by concatenating the string 'E', an internal ATAPS identifier (integer), and the string 'ATAPS'. For example  E12345ATAPS
Client Key  (client_key)	string (2,50)	ATAPS patient_key
Episode - End Date  (episode_end_date)	date	When the ATAPS referral has a conclusion, the date of the most recent session date for this referral.
Episode - Client Consent to Anonymised Data  (client_consent)	string	All ATAPS patients are assumed to have consented to their data being collected. Mapped to option 1 for all episodes:  1: Yes

Data Element (Field Name)	Type (min,max)	Format / Values	
		Mapped from ATAPS referral conclusion	
<a href="#">Episode - Completion Status</a>  (episode_completion_status)	string	ATAPS referral conclusion	PMHC episode completion status
		1: Treatment complete	1: Episode closed - treatment concluded
		2: Patient could not be contacted	3: Episode closed administratively - client declined further contact
		3: Patient refused treatment	3: Episode closed administratively - client declined further contact
		4: Patient referred elsewhere	5: Episode closed administratively - client referred elsewhere
		5: Treatment incomplete but referral closed	6: Episode closed administratively - other reason
<a href="#">Episode - Referral Date</a>  (referral_date)	date	ATAPS referral_date	

Data Element (Field Name)	Type (min,max)	Format / Values	
		Determined from ATAPS referral type using the following mapping	
Episode - Principal Focus of Treatment Plan  (principal_focus)	string	ATAPS referral type	PMHC episode principal focus
		1: General ATAPS	1: Psychological therapy
		2: Telephone CBT	7: Other
		3: Suicide Prevention	7: Other
		4: Perinatal Depression	7: Other
		5: Bushfire	7: Other
		6: Homelessness	7: Other
		7: Aboriginal & TSI	6: Indigenous-specific mental health services
		8: Rural & remote	1: Psychological therapy
		9: Children	5: Child and youth-specific mental health services
		10: 2010-11 Floods and Cyclone Yasi	7: Other
		11: ATSI Suicide prevention	6: Indigenous-specific mental health services

Data Element (Field Name)	Type (min,max)	Format / Values	
		ATAPS referral type	PMHC episode principal focus
		12: Tier 2 ECE - Flood/Cyclone	7: Other
		13: Tier 2 ECE - Bushfire	7: Other
		14: Tier 2 ECE - Other	7: Other
		15: MHSRRA	1: Psychological therapy
Episode - GP Mental Health Treatment Plan Flag  (mental_health_treatment_plan)	string	Not part of ATAPS MDS. All episode records populated with  9: Not stated/inadequately described	
Episode - Homelessness Flag  (homelessness)	string	Not part of ATAPS MDS. All episode records populated with  9: Not stated / Missing	
Episode - Area of usual residence, postcode  (client_postcode)	string	ATAPS referral postcode	
Episode - Labour Force Status  (labour_force_status)	string	Not part of ATAPS MDS. All episode records populated with  9: Not stated/inadequately described	
Episode - Employment Participation  (employment_participation)	string	Not part of ATAPS MDS. All episode records populated with  9: Not stated/inadequately described	

Data Element (Field Name)	Type (min,max)	Format / Values
Episode - Source of Cash Income  (income_source)	string	Not part of ATAPS MDS. All episode records populated with  9: Not stated/inadequately described
Episode - Health Care Card  (health_care_card)	string	Not part of ATAPS MDS. All episode records populated with  9: Not stated
Episode - NDIS Participant  (ndis_participant)	string	Not part of ATAPS MDS. All episode records populated with  9: Not stated/inadequately described
Episode - Marital Status  (marital_status)	string	Not part of ATAPS MDS. All episode records populated with  6: Not stated/inadequately described
Episode - Suicide Referral Flag  (suicide_referral_flag)	string	<p>Derived from the ATAPS referral type.</p> <p>Referrals with an ATAPS referral_type of either 'Suicide Prevention (3)' or 'ATSI Suicide prevention (11)' are coded as</p> <p>1: Yes</p> <p>All other referral types map to</p> <p>2: No</p>

Data Element (Field Name)	Type (min,max)	Format / Values	
		The ATAPS specifications allowed multiple diagnosis to be specified for a referral. Those referrals where no diagnosis or a single diagnosis were specified are mapped as follows:	
Episode - Principal Diagnosis  (principal_diagnosis)	string	ATAPS referral diagnosis	PMHC episode principal diagnosis
		No diagnosis field defined	999: Missing
		icd_f1: Alcohol & Drug Use	300: Substance use disorders (ATAPS)
		icd_f2: Psychotic Disorders	400: Psychotic disorders (ATAPS)
		icd_f3: Depression	200: Affective (Mood) disorders (ATAPS)
		icd_f4: Anxiety Disorders	100: Anxiety disorders (ATAPS)
		icd_f5: Unexplained Somatic	603: Somatoform disorder
		icd_no_formal_diagnosis: No formal diagnosis	905: Other
		icd_unknown: Unknown	999: Missing
		icd_other: Other	905: Other
		icd_f10_f11: F10 & F11 Substance use disorders	300: Substance use disorders

Data Element (Field Name)	Type (min,max)	Format / Values	
		ATAPS referral diagnosis	PMHC episode principal diagnosis
		icd_f32: F32 Depression	200: Affective (Mood) disorders
		icd_f40_f41_f41_1: F40, F41, F41.1 Anxiety	100: Anxiety disorders
		icd_f43_2: F43.2 Adjustment disorder	601: Adjustment disorder
		icd_f44: F44 Dissociative (conversion) disorder	605: Other mental disorder
		icd_f45: F45 Unexplained somatic disorder	603: Somatoform disorder
		icd_f48: F48 Neurasthenia (chronic fatigue syndrome)	605: Other mental disorder
		icd_f50: F50 Eating disorders	602: Eating disorder
		icd_f51: F51 Sleep problems	605: Other mental disorder
		icd_f52: F52 Sexual disorders	605: Other mental disorder
		icd_f90: F90 Hyperkinetic (attention deficit) disorder	Attention deficit hyperactivity disorder (ADHD) 502: hyperactivity disorder (ADHD)
		icd_f91: F91 Conduct disorder	503: Conduct disorder

Data Element (Field Name)	Type (min,max)	Format / Values	
		ATAPS referral diagnosis	PMHC episode principal diagnosis
		icd_f98: F98 Enuresis	Other disorder of childhood and adolescence 506:
Referrals where TWO diagnosis fields were specified, the principal diagnosis is determined using the following hierarchies.			
<p><b>ATAPS referral diagnosis hierarchy:</b></p> <p>icd_f3: Depression, then</p> <p>icd_f4: Anxiety Disorders, then</p> <p>icd_f5: Unexplained Somatic.</p>			
For pairs of children diagnoses			
<p><b>ATAPS children referral diagnosis hierarchy:</b></p> <p>icd_f32: F32 Depression, then</p> <p>icd_f40_f41_f41_1: F40, F41, F41.1 Anxiety, then</p> <p>icd_f43_2: F43.2 Adjustment disorder, then</p> <p>icd_f44: F44 Dissociative (conversion) disorder, then</p> <p>icd_f50: F50 Eating disorders, then</p> <p>icd_f51: F51 Sleep problems, then</p> <p>icd_f90: F90 Hyperkinetic (attention deficit) disorder, then</p> <p>icd_f91: F91 Conduct disorder.</p>			
For example, if a referral was flagged as being for Depression and Unexplained Somatic, the principal diagnosis would be Depression and mapped to code 200, as if specified as a single diagnosis above.			
All other referrals will be mapped to			
905: Other			

Data Element (Field Name)	Type (min,max)	Format / Values
<p>Episode - Additional Diagnosis  (additional_diagnosis)</p>	string	<p>Mapped from ATAPS referral diagnosis fields</p> <p>For referrals where NO diagnosis field was specified, the additional diagnosis is mapped to</p> <p style="text-align: center;">999: Missing</p> <p>Referrals where exactly ONE diagnosis field was specified, the additional diagnosis is mapped to</p> <p style="text-align: center;">000: No additional diagnosis</p> <p>For referrals where TWO diagnosis fields were specified, the additional diagnosis is determined using the same hierarchies as described in the principal diagnosis when two diagnoses were specified for the referral. The diagnosis NOT selected as the principal diagnosis is mapped as the additional diagnosis.</p> <p>For example, if a referral was flagged as being for Depression and Unexplained Somatic, the additional diagnosis would be Unexplained Somatic and mapped to code 603, using the table above for a single principal diagnosis.</p> <p>Similarly for the children diagnosis options. If a referral was recorded with F32 Depression and F43.2 Adjustment disorder, the principal diagnosis would be F32 Depression and mapped to code 200, while the additional diagnosis would be F43.2 Adjustment disorder and mapped to code 601.</p> <p>For all other referrals, the additional diagnosis is mapped to</p> <p style="text-align: center;">905: Other</p>
<p>Episode - Medication - Antipsychotics (N05A)  (medication_antipsychotics)</p>	string	<p>If ATAPS referral med_pheno is TRUE (or 1) then</p> <p style="text-align: center;">1: Yes</p> <p>Otherwise</p> <p style="text-align: center;">2: No</p>

Data Element (Field Name)	Type (min,max)	Format / Values
Episode - Medication - Anxiolytics (N05B)  (medication_anxiolytics)	string	<p>If ATAPS referral med_benzo is TRUE (or 1) then</p> <p>1: Yes</p> <p>Otherwise</p> <p>2: No</p>
Episode - Medication - Hypnotics and sedatives (N05C)  (medication_hypnotics)	string	<p>If ATAPS referral med_mood is TRUE (or 1) then</p> <p>1: Yes</p> <p>Otherwise</p> <p>2: No</p>
Episode - Medication - Antidepressants (N06A)  (medication_antidepressants)	string	<p>If ATAPS referral med_antidep is TRUE (or 1) then</p> <p>1: Yes</p> <p>Otherwise</p> <p>2: No</p>
Episode - Medication - Psychostimulants and nootropics (N06B)  (medication_psychostimulants)	string	<p>Not part of ATAPS MDS. All episode records populated with</p> <p>9: Unknown</p>

Data Element (Field Name)	Type (min,max)	Format / Values	
		Mapped from ATAPS referral referrer type:	
Episode - Referrer Profession  (referrer_profession)	string	ATAPS referral referrer type	PMHC episode referrer profession
		1: GP	1: General Practitioner
		2: Psychiatrist	2: Psychiatrist
		5: Case Manager	10: Social Worker
		7: Midwife	6: Midwife
		8: Obstetrician	3: Obstetrician
		9: Maternal health nurse	7: Maternal Health Nurse
		10: Self	98: N/A - Self referral
		11: Centrelink Social Workers	10: Social Worker
		14: Paediatrician	4: Paediatrician
		17: Medical officers in NGOs	10: Social Worker
		18: School psychologist / counsellor	8: Psychologist
		19: Deputy principals or principals	13: Educational professional

Data Element (Field Name)	Type (min,max)	Format / Values	
		ATAPS referral referrer type	PMHC episode referrer profession
		20: Director of early childhood services or equivalent	14: Early childhood service worker
			All other referrer types are mapped to the referrer profession
			99: Not stated

Data Element (Field Name)	Type (min,max)	Format / Values	
		Mapped from ATAPS referral referrer type:	
Episode - Referrer Organisation Type  (referrer_organisation_type)	string	ATAPS referral referrer type	PMHC episode referrer organisation type
		3: Community Mental Health	8: Community Health Centre
		4: Emergency Department	7: Emergency Department
		6: NGO	10: Community Support Organisation NFP
		10: Self	98: N/A - Self referral
		11: Centrelink Social Workers	20: Centrelink
		16: ATSI health organisation / ACCHS (Aboriginal Controlled Community Health Service)	11: Indigenous Health Organisation
		17: Medical officers in NGOs	10: Community Support Organisation NFP
		18: School psychologist / counsellor	17: School
		19: Deputy principals or principals	17: School
		21: Drug and alcohol service	9: Drug and Alcohol Service

Data Element (Field Name)	Type (min,max)	Format / Values		
		ATAPS referral referrer type	PMHC episode referrer organisation type	
		22: Acute mental health team	4: Public mental health service	
		All other referrer types are mapped to the referrer organisation type		
		99: Not stated		
Episode - Tags (episode_tags)	string	No comparable concept in the ATAPS MDS. All records will be populated with the reserved tag !ATAPS		

#### 2.8.4. Service Contact

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

*Table 2.14 Service contact record mapping*

Data Element (Field Name)	Type (min,max)	Format / Values
Organisation Path (organisation_path)	string	No comparable concept in ATAPS MDS. PHN's will be required to populate this field.
Service Contact Key (service_contact_key)	string (2,50)	A unique identifier for each service contact generated by concatenating the string 'SC', an internal ATAPS identifier (integer), and the string 'ATAPS'. For example  SC12345ATAPS
Episode Key (episode_key)	string (2,50)	A unique identifier for each episode generated by concatenating the string 'E', an internal ATAPS identifier (integer), and the string 'ATAPS'. For example  E12345ATAPS

Data Element (Field Name)	Type (min,max)	Format / Values
Practitioner Key (practitioner_key)	string (2,50)	The MHPro nickname from the ATAPS MDS
Service Contact - Date (service_contact_date)	date	ATAPS session date (ses_date).

Data Element (Field Name)	Type (min,max)	Format / Values
<p>Service Contact - Type (service_contact_type)</p>	<p>string</p>	<p>Mapped from ATAPS session strategy (st_*) and no_show fields.</p> <p>Where the session no_show field is TRUE (or 1), the contact type is mapped to</p> <p>0: No contact took place</p> <p>If the session st_diagnosis field is true, and NO other strategy field is TRUE, the contact type is mapped to</p> <p>1: Assessment</p> <p>If the session st_other field has a non-zero length and NO other strategy field is TRUE, the contact type is mapped to</p> <p>3: Other psychological intervention</p> <p>After the above options have been excluded, if any combination of the following session strategy fields is TRUE or st_cbt_other has a non-zero length</p> <ul style="list-style-type: none"> <li>• st_psycho_ed</li> <li>• st_interpersonal</li> <li>• st_narrative</li> <li>• st_cbt_behaviour</li> <li>• st_cbt_cognitive</li> <li>• st_cbt_relaxation</li> <li>• st_cbt_skills</li> </ul> <p>the contact type is mapped to</p> <p>2: Structured psychological intervention</p> <p>Any remaining session will be mapped to the restricted response</p> <p>98: ATAPS</p>

Data Element (Field Name)	Type (min,max)	Format / Values										
Service Contact - Postcode  (service_contact_postcode)	string	<p>No postcode was recorded for ATAPS sessions.</p> <p>If the ATAPS session modality is recorded as <i>Face to Face</i> and the ATAPS session <i>no_show</i> field is FALSE, a valid Australian postcode is required. Where this is unavailable the postcode may be recorded as</p> <p><b>9998:</b> Other</p> <p>All other service contact records will be populated with the postcode</p> <p><b>9999:</b> Unknown</p>										
Service Contact - Modality  (service_contact_modality)	string	<p>Mapped from ATAPS session no_show and modality fields.</p> <p>If the ATAPS session was flagged as a <i>no_show</i>, the PMHC service contact modality is</p> <p><b>0:</b> No contact took place</p> <p>Otherwise the ATAPS session modality is used. These are the equivalent codes in PMHC:</p> <table border="1"> <thead> <tr> <th>ATAPS session modality</th> <th>PMHC service contact modality</th> </tr> </thead> <tbody> <tr> <td>1: Face to Face</td> <td>1: Face to Face</td> </tr> <tr> <td>2: Telephone</td> <td>2: Telephone</td> </tr> <tr> <td>3: Video Conference</td> <td>3: Video</td> </tr> <tr> <td>4: Web-based</td> <td>4: Internet-based</td> </tr> </tbody> </table>	ATAPS session modality	PMHC service contact modality	1: Face to Face	1: Face to Face	2: Telephone	2: Telephone	3: Video Conference	3: Video	4: Web-based	4: Internet-based
ATAPS session modality	PMHC service contact modality											
1: Face to Face	1: Face to Face											
2: Telephone	2: Telephone											
3: Video Conference	3: Video											
4: Web-based	4: Internet-based											

Data Element (Field Name)	Type (min,max)	Format / Values																							
		Derived from the ATAPS session type																							
		<table border="1"> <thead> <tr> <th>ATAPS session type</th><th>PMHC service contact participants</th></tr> </thead> <tbody> <tr> <td>1: Individual</td><td>1: Individual client</td></tr> <tr> <td>2: Group</td><td>2: Client group</td></tr> <tr> <td>3: Child</td><td>1: Individual client</td></tr> <tr> <td>4: Parent(s)/family</td><td>3: Family / Client Support Network</td></tr> <tr> <td>5: Child &amp; parent(s)/family</td><td>3: Family / Client Support Network</td></tr> <tr> <td>6: Child, in group</td><td>2: Client group</td></tr> <tr> <td>7: Parent(s)/family, in group</td><td>3: Family / Client Support Network</td></tr> <tr> <td>8: Child &amp; parent(s)/family, in group</td><td>3: Family / Client Support Network</td></tr> <tr> <td>9: Family</td><td>3: Family / Client Support Network</td></tr> <tr> <td></td><td></td></tr> </tbody> </table>	ATAPS session type	PMHC service contact participants	1: Individual	1: Individual client	2: Group	2: Client group	3: Child	1: Individual client	4: Parent(s)/family	3: Family / Client Support Network	5: Child & parent(s)/family	3: Family / Client Support Network	6: Child, in group	2: Client group	7: Parent(s)/family, in group	3: Family / Client Support Network	8: Child & parent(s)/family, in group	3: Family / Client Support Network	9: Family	3: Family / Client Support Network			
ATAPS session type	PMHC service contact participants																								
1: Individual	1: Individual client																								
2: Group	2: Client group																								
3: Child	1: Individual client																								
4: Parent(s)/family	3: Family / Client Support Network																								
5: Child & parent(s)/family	3: Family / Client Support Network																								
6: Child, in group	2: Client group																								
7: Parent(s)/family, in group	3: Family / Client Support Network																								
8: Child & parent(s)/family, in group	3: Family / Client Support Network																								
9: Family	3: Family / Client Support Network																								
Service Contact - Participants  (service_contact_participants)	string	Any ATAPS sessions with a missing value for session type are mapped to																							
		9: Not stated																							

Data Element (Field Name)	Type (min,max)	Format / Values										
Service Contact - Venue  (service_contact_venue)	string	<p>No comparable concept in ATAPS MDS.</p> <p>Sessions that were delivered with a modality of Telephone Video or Internet-based (session.modality &gt; 1 ) are mapped to</p> <p>98: Not applicable (Service Contact Modality is not face to face)</p> <p>All other sessions are mapped to the response</p> <p>99: Not stated</p>										
Service Contact - Duration  (service_contact_duration)	string	<p>Its not possible to construct a one-to-one mapping between ATAPS session duration and PMHC service contact duration. The following mapping will be applied for data conversion:</p> <table border="1"> <thead> <tr> <th>ATAPS session duration</th><th>PMHC service contact duration</th></tr> </thead> <tbody> <tr> <td>1: 0-30 mins</td><td>2: 16-30 mins</td></tr> <tr> <td>2: 31-45 mins</td><td>3: 31-45 mins</td></tr> <tr> <td>3: 46-60 mins</td><td>4: 46-60 mins</td></tr> <tr> <td>4: over 60 mins</td><td>5: 61-75 mins</td></tr> </tbody> </table> <p>If the duration was not mapped by the above and ATAPS session was a no_show, the duration is mapped to</p> <p>0: No contact took place</p> <p>All other session durations values are mapped to</p> <p>1: 1-15 mins</p>	ATAPS session duration	PMHC service contact duration	1: 0-30 mins	2: 16-30 mins	2: 31-45 mins	3: 31-45 mins	3: 46-60 mins	4: 46-60 mins	4: over 60 mins	5: 61-75 mins
ATAPS session duration	PMHC service contact duration											
1: 0-30 mins	2: 16-30 mins											
2: 31-45 mins	3: 31-45 mins											
3: 46-60 mins	4: 46-60 mins											
4: over 60 mins	5: 61-75 mins											

Data Element (Field Name)	Type (min,max)	Format / Values
<a href="#">Service Contact - Copayment</a> (service_contact_copayment)	number	<p>Where ATAPS session copayment &gt; 0, the service contact copayment is the session copayment rounded (cast) to the nearest integer.</p> <p>All other responses are mapped to 0.</p>
<a href="#">Service Contact - Client Participation Indicator</a> (service_contact_participation_indicator)	string	<p>Derived from the ATAPS session type.</p> <p>The participation indicator</p> <p>2: No</p> <p>is used when the session type is either</p> <p>4: Parent(s)/family</p> <p>7: Parent(s)/family, in group</p> <p>All other session types are mapped to the participation indicator</p> <p>1: Yes</p>
<a href="#">Service Contact - Interpreter Used</a> (service_contact_interpreter)	string	<p>Not part of ATAPS MDS. All episode records populated with</p> <p>9: Not stated</p>
<a href="#">Service Contact - No Show</a> (service_contact_no_show)	string	<p>If ATAPS session.no_show is TRUE (or 1) then</p> <p>1: Yes</p> <p>Otherwise</p> <p>2: No</p>
<a href="#">Service Contact - Final</a> (service_contact_final)	string	<p>No comparable concept in ATAPS MDS. All service contact will be populated with</p> <p>3: Not known at this stage</p>

Data Element (Field Name)	Type (min,max)	Format / Values
Service Contact - Tags (service_contact_tags)	string	No comparable concept in the ATAPS MDS. All records will be populated with the reserved tag !ATAPS

## 2.8.5. Outcome Collection Occasion

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

### 2.8.5.1. K10+

*Table 2.15 K10+ record mapping*

Data Element (Field Name)	Type (min,max)	Format / Values
Organisation Path (organisation_path)	string	No comparable concept in ATAPS MDS. PHN's will be required to populate this field.
Collection Occasion Key (collection_occasion_key)	string (2,50)	A unique identifier for each collection occasion generated by concatenating the string 'CO', an internal ATAPS identifier (integer), and the string 'ATAPS'. For example  CO12345ATAPS
Episode Key (episode_key)	string (2,50)	A unique identifier for each episode generated by concatenating the string 'E', an internal ATAPS identifier (integer), and the string 'ATAPS'. For example  E12345ATAPS
Collection Occasion - Measure Date (measure_date)	date	The ATAPS collection occasion date (measure_taken), or the date 0909999 when missing

Data Element (Field Name)	Type (min,max)	Format / Values
Collection Occasion - Reason (reason_for_collection)	string	<p>ATAPS only collected 'initial' and/or 'final' measures for an episode.</p> <p>Any K10+ 'initial' measures are mapped to</p> <p>1: Episode start</p> <p>while 'final' K10+ measures are mapped to</p> <p>3: Episode end</p>
K10+ - Question 1 (k10p_item1)	string	ATAPS K10+ collection occasion item 1 score (k01)
K10+ - Question 2 (k10p_item2)	string	ATAPS K10+ collection occasion item 2 score (k02)
K10+ - Question 3 (k10p_item3)	string	ATAPS K10+ collection occasion item 3 score (k03)
K10+ - Question 4 (k10p_item4)	string	ATAPS K10+ collection occasion item 4 score (k04)
K10+ - Question 5 (k10p_item5)	string	ATAPS K10+ collection occasion item 5 score (k05)
K10+ - Question 6 (k10p_item6)	string	ATAPS K10+ collection occasion item 6 score (k06)
K10+ - Question 7 (k10p_item7)	string	ATAPS K10+ collection occasion item 7 score (k07)
K10+ - Question 8 (k10p_item8)	string	ATAPS K10+ collection occasion item 8 score (k08)
K10+ - Question 9 (k10p_item9)	string	ATAPS K10+ collection occasion item 9 score (k09)

Data Element (Field Name)	Type (min,max)	Format / Values
<b>K10+ - Question 10</b>  (k10p_item10)	string	ATAPS K10+ collection occasion item 10 score (k10)
<b>K10+ - Question 11</b>  (k10p_item11)	integer	Item score not recorded in ATAPS. All K10+ collection occasions mapped to  99: Not stated / Missing
<b>K10+ - Question 12</b>  (k10p_item12)	integer	Item score not recorded in ATAPS. All K10+ collection occasions mapped to  99: Not stated / Missing
<b>K10+ - Question 13</b>  (k10p_item13)	integer	Item score not recorded in ATAPS. All K10+ collection occasions mapped to  99: Not stated / Missing
<b>K10+ - Question 14</b>  (k10p_item14)	string	Item score not recorded in ATAPS. All K10+ collection occasions mapped to  9: Not stated / Missing
<b>K10+ - Score</b>  (k10p_score)	integer	ATAPS K10+ collection occasion total score (ktot10)
<b>K10+ - Tags</b>  (k10p_tags)	string	No comparable concept in the ATAPS MDS. All records will be populated with the reserved tag  !ATAPS

## 2.8.5.2. K5

Table 2.16 K5 record mapping

Data Element (Field Name)	Type (min,max)	Format / Values
Organisation Path (organisation_path)	string	No comparable concept in ATAPS MDS. PHN's will be required to populate this field.
Collection Occasion Key (collection_occasion_key)	string (2,50)	A unique identifier for each collection occasion generated by concatenating the string 'CO', an internal ATAPS identifier (integer), and the string 'ATAPS'. For example  CO12345ATAPS
Episode Key (episode_key)	string (2,50)	A unique identifier for each episode generated by concatenating the string 'E', an internal ATAPS identifier (integer), and the string 'ATAPS'. For example  E12345ATAPS
Collection Occasion - Measure Date (measure_date)	date	The ATAPS collection occasion date (measure_taken), or the date 0909999 when missing
Collection Occasion - Reason (reason_for_collection)	string	ATAPS only collected 'initial' and/or 'final' measures for an episode.  Any K5 'initial' measures are mapped to  1: Episode start  while 'final' K5 measures are mapped to  3: Episode end
K5 - Question 1 (k5_item1)	string	ATAPS K5 collection occasion item 1 score (k01)

Data Element (Field Name)	Type (min,max)	Format / Values
K5 - Question 2 (k5_item2)	string	ATAPS K5 collection occasion item 2 score (k02)
K5 - Question 3 (k5_item3)	string	ATAPS K5 collection occasion item 3 score (k03)
K5 - Question 4 (k5_item4)	string	ATAPS K5 collection occasion item 4 score (k04)
K5 - Question 5 (k5_item5)	string	ATAPS K5 collection occasion item 5 score (k05)
K5 - Score (k5_score)	integer	ATAPS K5 collection occasion total score (ktot5)
K5 - Tags (k5_tags)	string	No comparable concept in the ATAPS MDS. All records will be populated with the reserved tag !ATAPS

#### 2.8.5.3. SDQ

Table 2.17 SDQ record mapping

Data Element (Field Name)	Type (min,max)	Format / Values
Organisation Path (organisation_path)	string	No comparable concept in ATAPS MDS. PHN's will be required to populate this field.
Collection Occasion Key (collection_occasion_key)	string (2,50)	A unique identifier for each collection occasion generated by concatenating the string 'CO', an internal ATAPS identifier (integer), and the string 'ATAPS'. For example  CO12345ATAPS

Data Element (Field Name)	Type (min,max)	Format / Values
<a href="#">Episode Key</a> (episode_key)	string (2,50)	A unique identifier for each episode generated by concatenating the string 'E', an internal ATAPS identifier (integer), and the string 'ATAPS'. For example <b>E12345ATAPS</b>
<a href="#">Collection Occasion - Measure Date</a> (measure_date)	date	The ATAPS collection occasion date (measure_taken), or the date 09099999 when missing
<a href="#">Collection Occasion - Reason</a> (reason_for_collection)	string	ATAPS only collected 'initial' and/or 'final' measures for an episode.  Any SDQ 'initial' measures are mapped to  1: Episode start  while 'final' SDQ measures are mapped to  3: Episode end

Data Element (Field Name)	Type (min,max)	Format / Values											
SDQ Collection Occasion - Version  (sdq_version)	string	<p>ATAPS recorded the three variants of SDQ as separate measures.</p> <p>The SDQ version is mapped from the SDQ measure type and the reason for collection:</p> <table border="1"> <thead> <tr> <th>ATAPS measure + collection</th> <th>PMHC SDQ version</th> </tr> </thead> <tbody> <tr> <td>SDQ PC + Initial collection</td> <td> <b>PC101:</b>            Parent Report Measure 4-10 yrs, Baseline version, Australian Version 1         </td> </tr> <tr> <td>SDQ PC + Final collection</td> <td> <b>PC201:</b>            Parent Report Measure 4-10 yrs, Follow Up version, Australian Version 1         </td> </tr> <tr> <td>SDQ PY + Initial collection</td> <td> <b>PY101:</b>            Parent Report Measure 11-17 yrs, Baseline version, Australian Version 1         </td> </tr> <tr> <td>SDQ PY + Final collection</td> <td> <b>PY201:</b>            Parent Report Measure 11-17 yrs, Follow Up version, Australian Version 1         </td> </tr> </tbody> </table>		ATAPS measure + collection	PMHC SDQ version	SDQ PC + Initial collection	<b>PC101:</b> Parent Report Measure 4-10 yrs, Baseline version, Australian Version 1	SDQ PC + Final collection	<b>PC201:</b> Parent Report Measure 4-10 yrs, Follow Up version, Australian Version 1	SDQ PY + Initial collection	<b>PY101:</b> Parent Report Measure 11-17 yrs, Baseline version, Australian Version 1	SDQ PY + Final collection	<b>PY201:</b> Parent Report Measure 11-17 yrs, Follow Up version, Australian Version 1
ATAPS measure + collection	PMHC SDQ version												
SDQ PC + Initial collection	<b>PC101:</b> Parent Report Measure 4-10 yrs, Baseline version, Australian Version 1												
SDQ PC + Final collection	<b>PC201:</b> Parent Report Measure 4-10 yrs, Follow Up version, Australian Version 1												
SDQ PY + Initial collection	<b>PY101:</b> Parent Report Measure 11-17 yrs, Baseline version, Australian Version 1												
SDQ PY + Final collection	<b>PY201:</b> Parent Report Measure 11-17 yrs, Follow Up version, Australian Version 1												

Data Element (Field Name)	Type (min,max)	Format / Values	
		ATAPS measure + collection	PMHC SDQ version
		SDQ YR + Initial collection	<p>Self report Version, 11-17 years, Baseline version, Australian Version 1</p> <p><b>YR101:</b></p>
		SDQ YP + Final collection	<p>Self report Version, 11-17 years, Follow Up version, Australian Version 1</p> <p><b>YR201:</b></p>
SDQ - Question 1  (sdq_item1)	string	ATAPS SDQ collection occasion item 1 score (s01)	
SDQ - Question 2  (sdq_item2)	string	ATAPS SDQ collection occasion item 2 score (s02)	
SDQ - Question 3  (sdq_item3)	string	ATAPS SDQ collection occasion item 3 score (s03)	
SDQ - Question 4  (sdq_item4)	string	ATAPS SDQ collection occasion item 4 score (s04)	
SDQ - Question 5  (sdq_item5)	string	ATAPS SDQ collection occasion item 5 score (s05)	
SDQ - Question 6  (sdq_item6)	string	ATAPS SDQ collection occasion item 6 score (s06)	
SDQ - Question 7  (sdq_item7)	string	ATAPS SDQ collection occasion item 7 score (s07)	

<b>Data Element (Field Name)</b>	<b>Type (min,max)</b>	<b>Format / Values</b>
SDQ - Question 8 (sdq_item8)	string	ATAPS SDQ collection occasion item 8 score (s08)
SDQ - Question 9 (sdq_item9)	string	ATAPS SDQ collection occasion item 9 score (s09)
SDQ - Question 10 (sdq_item10)	string	ATAPS SDQ collection occasion item 10 score (s10)
SDQ - Question 11 (sdq_item11)	string	ATAPS SDQ collection occasion item 11 score (s11)
SDQ - Question 12 (sdq_item12)	string	ATAPS SDQ collection occasion item 12 score (s12)
SDQ - Question 13 (sdq_item13)	string	ATAPS SDQ collection occasion item 13 score (s13)
SDQ - Question 14 (sdq_item14)	string	ATAPS SDQ collection occasion item 14 score (s14)
SDQ - Question 15 (sdq_item15)	string	ATAPS SDQ collection occasion item 15 score (s15)
SDQ - Question 16 (sdq_item16)	string	ATAPS SDQ collection occasion item 16 score (s16)
SDQ - Question 17 (sdq_item17)	string	ATAPS SDQ collection occasion item 17 score (s17)
SDQ - Question 18 (sdq_item18)	string	ATAPS SDQ collection occasion item 18 score (s18)
SDQ - Question 19 (sdq_item19)	string	ATAPS SDQ collection occasion item 19 score (s19)

Data Element (Field Name)	Type (min,max)	Format / Values
<a href="#">SDQ - Question 20</a> (sdq_item20)	string	ATAPS SDQ collection occasion item 20 score (s20)
<a href="#">SDQ - Question 21</a> (sdq_item21)	string	ATAPS SDQ collection occasion item 21 score (s21)
<a href="#">SDQ - Question 22</a> (sdq_item22)	string	ATAPS SDQ collection occasion item 22 score (s22)
<a href="#">SDQ - Question 23</a> (sdq_item23)	string	ATAPS SDQ collection occasion item 23 score (s23)
<a href="#">SDQ - Question 24</a> (sdq_item24)	string	ATAPS SDQ collection occasion item 24 score (s24)
<a href="#">SDQ - Question 25</a> (sdq_item25)	string	ATAPS SDQ collection occasion item 25 score (s25)
<a href="#">SDQ - Question 26</a> (sdq_item26)	string	ATAPS SDQ collection occasion item 26 score (s26)
<a href="#">SDQ - Question 27</a> (sdq_item27)	string	ATAPS SDQ collection occasion item 27 score (s27)
<a href="#">SDQ - Question 28</a> (sdq_item28)	string	ATAPS SDQ collection occasion item 28 score (s28)
<a href="#">SDQ - Question 29</a> (sdq_item29)	string	ATAPS SDQ collection occasion item 29 score (s29)
<a href="#">SDQ - Question 30</a> (sdq_item30)	string	ATAPS SDQ collection occasion item 30 score (s30)
<a href="#">SDQ - Question 31</a> (sdq_item31)	string	ATAPS SDQ collection occasion item 31 score (s31)

Data Element (Field Name)	Type (min,max)	Format / Values
SDQ - Question 32 (sdq_item32)	string	ATAPS SDQ collection occasion item 32 score (s32)
SDQ - Question 33 (sdq_item33)	string	Item score not recorded in ATAPS. All SDQ collection occasions mapped to  9: Not stated / Missing
SDQ - Question 34 (sdq_item34)	string	Item score not recorded in ATAPS. All SDQ collection occasions mapped to  9: Not stated / Missing
SDQ - Question 35 (sdq_item35)	string	Item score not recorded in ATAPS. All SDQ collection occasions mapped to  9: Not stated / Missing
SDQ - Question 36 (sdq_item36)	string	Item score not recorded in ATAPS. All SDQ collection occasions mapped to  9: Not stated / Missing
SDQ - Question 37 (sdq_item37)	string	Item score not recorded in ATAPS. All SDQ collection occasions mapped to  9: Not stated / Missing
SDQ - Question 38 (sdq_item38)	string	Item score not recorded in ATAPS. All SDQ collection occasions mapped to  9: Not stated / Missing

Data Element (Field Name)	Type (min,max)	Format / Values
SDQ - Question 39 (sdq_item39)	string	Item score not recorded in ATAPS. All SDQ collection occasions mapped to  9: Not stated / Missing
SDQ - Question 40 (sdq_item40)	string	Item score not recorded in ATAPS. All SDQ collection occasions mapped to  9: Not stated / Missing
SDQ - Question 41 (sdq_item41)	string	Item score not recorded in ATAPS. All SDQ collection occasions mapped to  9: Not stated / Missing
SDQ - Question 42 (sdq_item42)	string	Item score not recorded in ATAPS. All SDQ collection occasions mapped to  9: Not stated / Missing
SDQ - Emotional Symptoms Scale (sdq_emotional_symptoms)	integer	ATAPS SDQ collection occasion emotional symptoms scale (sess)
SDQ - Conduct Problem Scale (sdq_conduct_problem)	integer	ATAPS SDQ collection occasion conduct problem scale (scps)
SDQ - Hyperactivity Scale (sdq_hyperactivity)	integer	ATAPS SDQ collection occasion hyperactivity scale (shs)
SDQ - Peer Problem Scale (sdq_peer_problem)	integer	ATAPS SDQ collection occasion peer problem scale (spss)
SDQ - Prosocial Scale (sdq_prosocial)	integer	ATAPS SDQ collection occasion prosocial scale (sps)

Data Element (Field Name)	Type (min,max)	Format / Values
SDQ - Total Difficulties Score (sdq_total)	integer	ATAPS SDQ collection occasion total difficulties score (stds)
SDQ - Impact Score (sdq_impact)	integer	ATAPS SDQ collection occasion impact score (sis)
SDQ - Tags (sdq_tags)	string	No comparable concept in the ATAPS MDS. All records will be populated with the reserved tag !ATAPS

## 2.9. Test Data Sets

### 2.9.1. SLK Test Data Set

We are providing the following test data to allow developers to test their implementation of the SLK specification as defined at <https://docs.pmhc-mds.com/data-specification/data-model-and-specifications.html#client-statistical-linkage-key>.

#### 2.9.1.1. SLK Generation Test Data

*Table 2.18 Summary of files to upload*

Explanation	First name	Last name	Birth Day	Birth Month	Birth Year	Gender	Expected SLK
Everything there	John	Stevens	7	6	1954	1	TEEOH070619541
Everything there, padded day and month	John	Stevens	07	06	1954	2	TEEOH070619542
A short last name	John	Bo	7	6	1954	3	O22OH070619543
A short first name	Jo	Stevens	7	6	1954	9	TEEO2070619549
No last name	John		7	6	1954	1	999OH070619541
No first name		Stevens	7	6	1954	2	TEE99070619542
No names at all			7	6	1954	3	99999070619543
No gender	John	Stevens	7	6	1954	9	TEEOH070619549

Explanation	First name	Last name	Birth Day	Birth Month	Birth Year	Gender	Expected SLK
Non-alpha characters in the name	Jo,hn	St' e-vens	7	6	1954	1	TEEOH070619541
No birth day	John	Stevens		6	1954	1	
No birth month	John	Stevens	7		1954	1	
No birth year	John	Stevens	7	6		1	
Non numeric inputs for dates	John	Stevens	a	b	1997`	z	
Default date of birth	John	Stevens	9	9	9999	1	TEEOH090999991
UTF8 character in the name	John	Amélie	7	6	1954	3	MEIOH070619543

[Download SLK Generation Test Data as CSV.](#)

### 2.9.1.2. SLK Validation Test Data

*Table 2.19 Summary of files to upload*

Explanation	SLK	Valid/Invalid
Every component valid	TEEOH070619541	Valid
Valid with padded 2s	O22N2070619543	Valid
Valid with unknown names	99999070619543	Valid
Too short	TEEOH07061954	Invalid
Too long	99999010119993x	Invalid
Gender not valid	99999010119935	Invalid
Invalid date	99999999999999	Invalid

[Download SLK Validation Tests as CSV.](#)

## 2.10. Data Specification Change log

### 2.10.1. 14/3/2019

- Updated [Files or worksheets to upload](#) to specify that the Organisations worksheet/file is optional and is only available if the user has Organisation Management role.

### 2.10.2. 1/1/2019 - Version 1.0.13

- [Data model and specifications](#)
  - [Record formats](#)
    - [Practitioner](#)
      - Updated [Practitioner - Category](#) to add response 12 - Psychosocial Support Worker.
      - Updated [Practitioner - Category](#) to add response 13 - Peer Support Worker.
    - [Episode](#)
      - Updated [Episode - Principal Focus of Treatment Plan](#) to add response 8 - Psychosocial Support.
    - [Service Contact](#)
      - Updated [Service Contact - Type](#) to add response 9 - Psychosocial support.
      - Updated [Service Contact - Venue](#) to change response 8 from 'Aged care centre' to 'Residential aged care facility'.
      - Updated [Service Contact - Venue](#) to add response 12 - Aged care centre - non-residential.

### 2.10.3. 24/9/2018

- [Episode - Principal Diagnosis](#) to update the major diagnosis groupings.

### 2.10.4. 10/9/2018

- [Data model and specifications](#)
  - [Record formats](#)
    - [Outcome Collection Occasion](#)
      - Updated [Collection Occasion - Measure Date](#) to specify that the measure date must not be before [Episode - Referral Date](#) and must not be after [Episode - End Date](#)

### 2.10.5. 24/8/2018

- [Validation Rules](#)
  - Updated [2. Client](#) to specify that the date of birth must not be in the future.
  - Updated [3. Episode](#) to specify that the episode end date must not be in the future.
  - Updated [3. Episode](#) to specify that the episode referral date must not be in the future.
  - Updated [4. Service Contact](#) to specify that the service contact date must not be in the future.
  - Updated [5. K10+](#) to specify that the measure date must not be in the future.
  - Updated [6. K5](#) to specify that the measure date must not be in the future.
  - Updated [7. SDQ](#) to specify that the measure date must not be in the future.

## **2.10.6. 25/7/2018**

- [Episode - Principal Diagnosis](#) to make plurality of the 7 major categories consistent.

## **2.10.7. 25/6/2018**

- [Upload specification](#)
  - Updated to use 'must' and 'should' as defined in [RFC 2119](#).

## **2.10.8. 30/5/2018**

- [Download Specification Files](#)
  - Added a zip download of PMHC MDS Specification files for developers to access.

## **2.10.9. 13/3/2018**

- [Upload specification](#)
  - Updated [File format](#) to specify that '... you should include ALL service contacts and measures for that episode' and removing the text 'Any service contacts and measures that are not included will be removed from the PMHC MDS'
- [Validation Rules](#)
  - Updated [2. Client](#) to remove the age based validations for [Client - Proficiency in Spoken English](#). These validations will be replaced with data quality reports.

## **2.10.10. 19/1/2018 - Version 1.0.12**

- [Data model and specifications](#)
  - [Record formats](#)
    - [Client](#)
      - Updated [Client - Date of Birth](#) to specify that the date of birth must not be before 1 January 1900.
    - [Episode](#)
      - Updated [Episode - End Date](#) to specify that the episode end date must not be before 1 January 2016.
      - Updated [Episode - Referral Date](#) to specify that the episode referral date must not be before 1 January 2014.
    - [Service Contact](#)
      - Updated [Service Contact - Date](#) to specify that the service contact date must not be before 1 January 2014.
    - [Outcome Collection Occasion](#)
      - Updated [Collection Occasion - Measure Date](#) to specify that the measure date must not be before 1 January 2016.
  - [Validation Rules](#)
    - Updated [2. Client](#) to specify that the date of birth must not be before 1 January 1900.

- Updated [3. Episode](#) to specify that the episode end date must not be before 1 January 2016.
- Updated [3. Episode](#) to specify that the episode referral date must not be before 1 January 2014.
- Updated [4. Service Contact](#) to specify that the service contact date must not be before 1 January 2014.
- Updated [5. K10+](#) to specify that the measure date must not be before 1 January 2016.
- Updated [6. K5](#) to specify that the measure date must not be before 1 January 2016.
- Updated [7. SDQ](#) to specify that the measure date must not be before 1 January 2016.

## **2.10.11. 29/11/2017**

- [Validation Rules](#)
  - Fixed spelling error in [1. Practitioner](#) point 1.

## **2.10.12. 28/11/2017**

- [Validation Rules](#)
  - Rewrote the validation rules to follow the guidelines in RFC 2119.
  - Changed bullet lists to enumerated lists to make rules easier to identify.
  - Updated [3. Episode](#) to clarify how [Episode - Completion Status](#) and [Episode - End Date](#) interact (Point 4.)

## **2.10.13. 25/10/2017**

- [Upload specification](#)
  - Updated [Deleting records](#)

## **2.10.14. 16/10/2017**

- [Validation Rules](#)
  - Updated [3. Episode](#) to clarify which episode closed responses are allowed to be recorded when [Service Contact - Final](#) is recorded as '1: No further services are planned for the client in the current episode'
  - Updated [2. Client](#) to make the final point clearer.

## **2.10.15. 11/10/2017**

- [Identifier management](#)
  - Updated [Managing Practitioner, Episode, Service Contact and Outcome Collection Occasion Keys](#)
- [Data model and specifications](#)
  - [Record formats](#)
    - [Service Contact](#)
      - Added notes for [Service Contact - Modality](#) response code 4: 'Internet-based'

## **2.10.16. 03/10/2017**

- Added [Test Data Sets](#)
- [Validation Rules](#)

- Updated [3. Episode](#) to specify when the [!ATAPS](#) flag can be used in [Episode - Tags](#)
- Updated [4. Service Contact](#) to remove the validation 'Where an [Episode - End Date](#) has been recorded, there must be a service contact with [Service Contact - Final](#) set to '1: No further services are planned for the client in the current episode'
- Updated [4. Service Contact](#) to specify when the [!ATAPS](#) flag can be used in [Service Contact - Tags](#)
- Updated [5. K10+](#) to specify that [Collection Occasion - Measure Date](#) must not be after [Episode - End Date](#)
- Updated [6. K5](#) to specify that [Collection Occasion - Measure Date](#) must not be after [Episode - End Date](#)
- Updated [7. SDQ](#) to specify that [Collection Occasion - Measure Date](#) must not be after [Episode - End Date](#)

## **2.10.17. 25/9/2017 - Version 1.0.11**

- [Upload specification](#)
  - Added [Deleting records](#)
- [Data model and specifications](#)
  - [Record formats](#)
    - [Episode](#)
      - Updated [Episode - Completion Status](#) to allow either 0 or blank to represent 'Episode open'
    - [Service Contact](#)
      - Clarified that the upper bound for [Service Contact - Copayment](#) is 999999.99
      - Updated [Service Contact - Participants](#) and [Service Contact - Client Participation Indicator](#) to clarify how [Service Contact - Participants](#) and [Service Contact - Client Participation Indicator](#) interact
- [Validation Rules](#)
  - Updated [Validation Rules](#) to clarify how [Service Contact - Participants](#) and [Service Contact - Client Participation Indicator](#) interact

## **2.10.18. 29/8/2017**

- [Identifier management](#)
  - Updated [Managing Client Keys](#) reference to clarify future development
  - Updated [Managing Practitioner, Episode, Service Contact and Outcome Collection Occasion Keys](#) and specification links

## **2.10.19. 25/8/2017**

- [Upload specification](#)
  - Updated [Upload specification](#) to include provider organisations.

## **2.10.20. 23/8/2017**

- Added [Validation Rules](#)
- [Data model and specifications](#)
  - [Record formats](#)

- Practitioner
  - Updated [Practitioner - Year of Birth](#) to clarify which years are valid.
- Client
  - Updated [Client - Date of Birth](#) to clarify that future dates are not valid.
- Episode
  - Updated [Episode - End Date](#) to clarify that future dates are not valid.
  - Updated [Episode - Area of usual residence, postcode](#) to clarify which postcodes are valid.
  - Updated [Episode - Referral Date](#) to clarify that future dates are not valid.
- Service Contact
  - Updated [Service Contact - Date](#) to clarify that future dates are not valid.
  - Updated [Service Contact - Postcode](#) to clarify the ranges of postcodes that are valid.
- Outcome Collection Occasion
  - Updated [Collection Occasion - Measure Date](#) to clarify that future dates are not valid.

## **2.10.21. 28/7/2017**

- [ATAPS MDS to PMHC MDS data mapping](#)
  - Updated to show the mapping of ATAPS MDS diagnosis fields to PMHC Principal Diagnosis and Additional Diagnosis where two ATAPS diagnosis fields have been specified

## **2.10.22. 24/7/2017**

- Data model and specifications
  - Upload specification
    - Example file updated so that practitioners file/worksheet validates correctly

## **2.10.23. 6/7/2017 - Version 1.0.10**

- Data model and specifications
  - Data model
    - Updated data model diagram following Department of Health communication on 21 June, 2017 regarding the Master Client Index

## **2.10.24. 30/6/2017 - Version 1.0.9**

- Data model and specifications
  - Record formats
    - Provider Organisation
      - Updated [Provider Organisation](#) to add the following field:
        - [Provider Organisation - Status](#)

## **2.10.25. 26/6/2017 - Version 1.0.8**

- Data model and specifications

- Record formats
  - Episode
    - Updated [Episode - Additional Diagnosis](#) to add the following response codes:
      - 000: No additional diagnosis
      - 100: Anxiety disorders (ATAPS)
      - 200: Affective (Mood) disorders (ATAPS)
      - 300: Substance use disorders (ATAPS)
      - 400: Psychotic disorders (ATAPS)
    - Updated [Episode - Principal Diagnosis](#) to add the following response codes:
      - 100: Anxiety disorders (ATAPS)
      - 200: Affective (Mood) disorders (ATAPS)
      - 300: Substance use disorders (ATAPS)
      - 400: Psychotic disorders (ATAPS)
  - Service Contact
    - Updated [Service Contact - Type](#) to add the following response code:
      - 98: ATAPS
- Added [ATAPS MDS to PMHC MDS data mapping](#)

## **2.10.26. 14/6/2017 - Version 1.0.7**

- Data model and specifications
  - Record formats
    - Service Contact
      - Updated [Service Contact - Duration](#) to add response 0: 'No contact took place'.
      - Updated [Service Contact - Duration](#) response 1 from '0-15 mins' to '1-15 mins'.
      - Updated [Service Contact - Type](#) to add response 0: 'No contact took place'.
      - Updated [Service Contact - Modality](#) to add response 0: 'No contact took place'.

## **2.10.27. 18/5/2017 - Version 1.0.6**

- Data model and specifications
  - Record formats
    - Practitioner
      - Updated [Organisation Path](#) to specify the Provider Organisation providing a service to the client.
      - Updated [Organisation Key](#) to specify the key uniquely identifies the Provider Organisation to the Primary Health Network.
    - Client
      - Updated [Organisation Path](#) to specify the Provider Organisation providing a service to the client.
      - Updated [Organisation Key](#) to specify the key uniquely identifies the Provider Organisation to the Primary Health Network.
    - Episode
      - Updated [Organisation Path](#) to specify the Provider Organisation providing a service to the client.

- Updated [Organisation Key](#) to specify the key uniquely identifies the Provider Organisation to the Primary Health Network.
- Collection Occasion
  - Updated [Organisation Path](#) to specify the Provider Organisation providing a service to the client.
  - Updated [Organisation Key](#) to specify the key uniquely identifies the Provider Organisation to the Primary Health Network.
- Service Contact
  - Updated [Organisation Path](#) to specify the Provider Organisation providing a service to the client.
  - Updated [Organisation Key](#) to specify the key uniquely identifies the Provider Organisation to the Primary Health Network.
- Upload specification
  - File types
    - Updated [Upload specification](#) to specify practitioners.csv filename in zipped CSV uploads.

## **2.10.28. 1/5/2017 - Version 1.0.5**

- Data model and specifications
  - Record formats
    - Episode
      - Added more description to [Episode - Client Consent to Anonymised Data](#)
    - Service Contact
      - Changed wording of [Service Contact - No Show](#) to specify 'intended participant(s)' instead of 'client'
    - Outcome Collection Occasion
      - [K10+](#) updated reference to Q11-14 'missing' replacing 'not applicable'.

## **2.10.29. 8/2/2017 - Version 1.0.4**

- Data model and specifications
  - [Data model](#) - Updated the data model diagram to explicitly show Primary Health Organisations and Provider Organisations.
  - Record formats
    - Client
      - Added more description to [Organisation Path](#)
    - Episode
      - Added more description to [Organisation Path](#)
      - [Episode - Homelessness Flag](#) updated to include missing/not stated value of 9
    - Service Contact
      - Added more description to [Organisation Path](#)
    - Collection Occasion
      - Added more description to [Organisation Path](#)
    - Practitioner
      - Added more description to [Organisation Path](#)

## **2.10.30. 21/10/2016 - Version 1.0.3**

- Data model and specifications
  - Record formats
    - Outcome Collection Occasion
      - [Collection Occasion - Measure Date](#) updated to include missing value of 09099999

## **2.10.31. 14/10/2016 - Version 1.0.2**

- Data model and specifications
  - Record formats
    - Outcome Collection Occasion
      - Updated [SDQ](#) by adding [SDQ items and Scale Summary scores](#) subsection

## **2.10.32. 6/10/2016 - Version 1.0.1**

- Data model and specifications
  - Record formats
    - [Episode - Principal Focus of Treatment Plan](#) - Updated response 4 from 'Complex care package for adults' to 'Complex care package'
    - [Episode - Source of Cash Income](#) - Added 0 as a valid response for when the client is aged less than 16 years
  - Definitions
    - Added required field to all definitions

## **2.10.33. 18/9/2016 - Updates between final draft version and Version 1**

- Reporting arrangements
  - [Uploading data](#) section expanded
  - 'Upload frequency' section renamed [Reporting timeliness](#) and expanded
- Data model and specifications
  - Updated [Data model](#) diagrams including addition of collection occasion total and sub scores
  - Added [Key concepts](#) section
  - Record formats
    - Added lengths to all string types
    - Added minimum and maximum values to number types
    - Added links to Australian Bureau of Statistics (ABS) definitions
    - [Provider Organisation - Type](#) updated domain
    - [Client - Country of Birth](#) - Fully specified domain
    - [Client - Main Language Spoken at Home](#) - Fully specified domain
    - [Episode - Client Consent to De-identified Data](#) renamed [Episode - Client Consent to Anonymised Data](#)
    - [Episode - Completion Status](#) - Added blank as a valid response to mean that the episode is still open

- [Episode - Principal Focus of Treatment Plan](#) - 4 = 'Complex care package for adults' renamed 'Complex Care Package' and notes updated.
- [Episode - Principal Diagnosis](#) - 999 = 'Missing' response option added
- [Service Contact - Participants](#) - 4 = 'Other health professional or service provider' response option added
- [Service Contact - Participants](#) - 5 = 'Other' response option added
- [Service Contact - Venue](#) - 99 = 'Not stated' response option added
- [Outcome Collection Occasion](#)
  - Total scores and sub scores will be accepted in the short term Individual item scores will eventually be required
  - [K10+](#) - Score added
  - [K5](#) - Score added
  - [SDQ - Emotional Symptoms Scale](#) added
  - [SDQ - Conduct Problem Scale](#) added
  - [SDQ - Hyperactivity Scale](#) added
  - [SDQ - Peer Problem Scale](#) added
  - [SDQ - Prosocial Scale](#) added
  - [SDQ - Total Difficulties Score](#) added
  - [SDQ - Impact Score](#) added
- [Upload specification](#)
  - CSV files must be compressed into a single zip file before uploading
  - Example organisation structure added
  - All files/worksheet must be internally consistent
- Added [Using the data specification to create client forms](#)

## **2.10.34. 9/8/2016 - Updates since last release**

- Updated [Data model](#) diagrams including addition of collection occasions
- Renumbered [Provider Organisation - Type](#) response options
- Updated description of [Practitioner](#) record type
- Removal of Episode - Start Date from the [Episode](#) record layout as it is derived from the first service contact
- Added [Episode - Client Consent to Anonymised Data](#) field
- [Episode - Completion Status:](#)
  - Added option Episode closed administratively - client referred elsewhere
  - Recoded Episode closed administratively - other reason
  - Updated explanations of response options.
- Added [Episode - GP Mental Health Treatment Plan Flag](#)
- [Service Contact - Duration](#) added response options
- [Outcome Collection Occasion](#)
  - Updated definition
  - Added explicit record types for [K10+](#), [K5](#), and [SDQ](#)
- [Client - Country of Birth](#) now refers to recently released ABS 2016 release

- [Client Key](#) - Updated definition
- [Client - Main Language Spoken at Home](#) now refers to recently released ABS 2016 release
- [Episode Key](#) - Updated definition
- [Organisation Path](#) - Added definition
- [Practitioner - ATSI Cultural Training](#) - updated definition
- [Service Contact - Type](#) - 8 = 'Cultural specific assistance NEC' response option updated definition
- Added "tags" field to all record types. e.g. [Client - Tags](#).

### **3. Frequently Asked Questions**

#### **3.1. Concepts and Processes Frequently Asked Questions**

##### **3.1.1. Questions about the scope of the MDS**

PHNs raised a number of questions regarding the scope of the MDS and whether specific areas of commissioned activity were intended to be covered. The [Overview paper](#) covers the scope issue (page 4), an extract of which is copied below:

**"The new arrangements are designed to capture data on PHN-commissioned mental health services delivered to individual clients, including group-based delivery to individual clients ...**

**The scope of coverage will not extend to services targeted at communities**, such as the community capacity building activities previously funded under projects sourced from National Suicide Prevention Program funding. Collection and reporting of activities of this type requires a different approach to 'counting' and identification of the 'client'. PHNs commissioning activities of this type will have flexibility to establish local data reporting arrangements that suit requirements."

PHNs raised a number of questions to further clarify the scope of the PMHC MDS, summarised below.

##### **3.1.1.1. Coverage of community-based suicide prevention activities**

**Activities such as mental health and suicide awareness training and whole of community health promotion programs (non-clinical services) (e.g., Farm-Link) targeted at groups or whole communities, are not a good fit for the PMHC MDS They are currently reported to the National Suicide Prevention Program MDS which finishes on the 30th June 2016. What is the mechanism for the future?**

PHN-commissioned services of this type are outside the scope of the PMHC MDS.

Regional whole-of-community suicide prevention activities previously funded directly by the Department and now transferred to PHNs (e.g., Farm-Link) have previously reported to the National Suicide Prevention Program MDS managed by Australian Healthcare Associates under contract to the Department. The Department is currently exploring options to continue this collection and will advise PHNs accordingly, with a view to ensuring continuity of reporting of community-based suicide prevention activities.

Suicide prevention oriented services provided to individuals are in scope for collection and reporting to the PMHC MDS.

### **3.1.1.2. Coverage of digital health services**

**3.1.1.2.1. Are the PHNs expected to collect and upload all of the data outlined under the 6 Mental Health Priority Areas? If so it will be difficult to collect this data for referrals made to e-mental health sites such as mood gym, mind spot etc. There are also challenges around self-help groups.**

As indicated, scope of coverage is all PHN-commissioned mental health services delivered to individual clients, regardless of mode of service delivery.

Digital health services present particular challenges that need to be unbundled to resolve a way forward. Where PHNs refer the consumer to self-help, clinician unmoderated assistance (e.g., Mood Gym), this is not a PHN-commissioned service as such and falls outside of the scope of collection. Similarly, referral to a nationally funded clinician-moderated service such as Mindspot is not a PHN-commissioned services and falls outside of scope, bypassing the need for data collection.

However, there are acknowledged issues where a PHN enters a funding agreement with a digital health provider to provide individually tailored, clinician-moderated services to specific populations within their regions. Such services clearly fall within scope. The Department is considering the options to capture the required data. These include setting up arrangements for digital providers to collect and submit data on behalf of PHNs.

### **3.1.1.3. Coverage of whole of region services regardless of who funds**

**3.1.1.3.1. Are we only reporting on services and processes that we are commissioning and undertaking or the region as a whole?**

The PMHC MDS is designed to cover only those services commissioned by PHNs.

### **3.1.1.4. Appropriateness of occasions of service as a counting measure**

**3.1.1.4.1. This unit of counting is not appropriate for the full range of services that might be commissioned by PHNs, for example, whole of community-oriented prevention activities**

This is agreed. The scope of the PMHC MDS does not cover every activity that a PHN may commission.

Where activities are outside the scope of the PMHC MDS, PHNS are expected to set up their own arrangements to collect data suitable for reporting purposes. See also the response above regarding [Coverage of community-based suicide prevention activities](#).

### **3.1.1.5. Exclusion of 'non clinical' time**

**3.1.1.5.1. The MDS only captures actual clinical time. Administrative tasks such as arranging for case conferences, updating electronic health information records, undertaking program contractual management tasks, travelling to service provision venue amongst others, are currently not being captured.**

The focus of the PMHC MDS collection is on clinical service delivery to individual clients. It is acknowledged that clinician have to undertake other activities to maintain their clinical work and time spent on these can be significant. However, any broadening of scope to include as mandatory other activities would create an unacceptable data reporting burden on clinical service providers, all of whom are practitioners independent of the PHN.

It should be noted however that the PMHC MDS differs from the previous ATAPS collection in allowing a range of services delivered 'on behalf' of the client to be recorded. Section 4.4 of the [Overview paper](#) ('Determining what activities are in scope for reporting as service contacts') provides the relevant details.

### **3.1.1.6. Are headspace services covered by the requirements?**

#### **3.1.1.6.1. Are services funded through headspace expected to collect the PHMC MDS?**

First-stage development of the MDS will not include existing youth-specific services (headspace, Early Psychosis Youth Services) that currently collect and report a standardised dataset to headspace National Office. Pending the future of these arrangements, and access to data by PHNs, the PHMC MDS can be expanded at a future stage to allow incorporation of headspace and Early Psychosis Youth Services should this be required.

### **3.1.1.7. Are EPYS centres covered?**

#### **3.1.1.7.1. Are services funded as Early Psychosis Centres expected to collect the PHMC MDS?**

First-stage development of the MDS will not include existing youth-specific services (headspace, Early Psychosis Youth Services) that currently collect and report a standardised dataset to headspace National Office. Pending the future of these arrangements, and access to data by PHNs, the PHMC MDS can be expanded at a future stage to allow incorporation of headspace and Early Psychosis Youth Services should this be required.

### **3.1.1.8. Coverage of Mental Health Nursing services**

#### **3.1.1.8.1. Are services previously delivered under MHNIP expected to collect the PHMC MDS?**

From July 2016, funding has been provided to PHNs through a flexible funding pool to enable commissioning of a wide range of primary mental healthcare and suicide prevention services at regional levels. As such the MHNIP and other programs that have transitioned into the flexible funding pool, and their associated guidelines, are no longer applicable.

All 31 PHNs are required to collect and enter/upload data into the PMHC MDS. The PMHC MDS has been developed to capture the broader range of mental health services now being commissioned by PHNs, including services previously delivered under MHNIP. However, principal responsibility for establishing regional arrangements for data collection and reporting rests with PHNs.

### **3.1.2. Questions about Specific Data Items and Definitions**

#### **3.1.2.1. Provider Organisation**

##### **3.1.2.1.1. Provider organisation – solo practitioners: If the organisation is a sole trader private practitioner, does the organisation name become the providers name?**

The sole practitioner should use the trading name against which they have registered their ABN.

##### **3.1.2.1.2. Provider Organisation ABN: Why is this needed?**

Understanding the characteristics and number of Provider Organisations is important for both regional and national planning purposes, and requires an approach that uniquely identifies organisations. While Provider Organisation identifiers are set up by PHNs, these are only unique at the regional level. They therefore do not allow a national picture of the number and type of organisations engaged in the delivery of primary mental health care.

The ABN provides a simple and nationally unique organisation identifier. Organisation ABNs are also public domain information, being available via the Australian Business Register website.

...

#### **3.1.2.2. Practitioner**

##### **3.1.2.2.1. Practitioner category: Should there be separate categories for accredited mental health social workers and occupational therapists in mental health?**

The coding options allows for separate identification of social workers and occupational therapists. PHNs are free to add additional details to their local collection on the proviso that any additions are capable of being mapped to the national MDS categories.

##### **3.1.2.2.2. Principal Focus of Treatment Plan – Psychological Therapy: Is the Department going to provide a firm definition of a mental health professional under the new specifications – noting the intent of increased flexibility to provide a workforce of mixed and flexible professional background?**

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.

...

### **3.1.2.3. Client**

#### **3.1.2.3.1. Gender: Should there be consistency in how Practitioner and Client gender are collected?**

Yes. The data coding options are the same for both items and based on the new standards recently released by Australian Government Guidelines on the Recognition of Sex and Gender.

#### **3.1.2.3.2. Statistical Linkage Keys (SLK) - will these be generated in a similar manner to the ATAPS MDS?**

Yes.

Details on how the SLKs are created, are currently available on the [PMHC MDS Specifications - SLK](#). An SLK Generator has been developed on the [PMHC MDS - SLK tab](#).

See [SLK](#) for details how to use this feature.

...

### **3.1.2.4. Episode**

#### **3.1.2.4.1. Diagnosis: Is this required across all service delivery areas, including low intensity services?**

Yes. While low intensity workers will not be qualified to assign a clinical diagnosis, it is expected that they will be working under the supervision of a clinically qualified mental health professional.

#### **3.1.2.4.2. Diagnosis - DSM-IV: Why isn't DSM-V used as the standard given that that is the most current classification system?**

The DSM-IV is the diagnostic classification currently used by the majority of Australian mental health clinicians. Any move to DSM-V would require confidence that most clinicians providing services through PHN commissioning arrangements have had training in, and moved across to, the new system. The Department does not believe that this is the case. Pending uptake of DSM-V, there is scope to change to the new classification in future versions of the PMHC MDS.

Additionally, as the diagnostic codes included in the PMHC MDS represent an abbreviated 'pick list', the decision to use either DSM-IV or DSM-V will not have material impact given the substantial common ground between the two classifications.

**3.1.2.4.3. Episode - Completion Status: If the client is referred elsewhere (i.e. not suitable for this service) would this be recorded as "Episode closed administratively-other reason" or should there be an additional code to capture this information?**

Under the new PMHC MDS, an episode does not formally commence until the client receives their first Service Contact. For referrals that do not lead to a Service Contact, and where the person is referred elsewhere, there is no need to open an Episode. However, based on previous experience with the ATAPS system, the Department understands that many PHNs are likely to want to do this as a means to track referrals that do not lead to Service Contacts, or to begin entering data prior to the first Service Contact. Therefore, there will be scope in the system to set up an Episode even if it does not lead to a Service Contact. Standard reports to be developed will build in capacity to monitor these and ensure that they are not counted in service delivery indicators. Where a referral is followed by an initial Service Contact, and the person is referred elsewhere due to being assessed as not suitable, or requires an alternative service, a new code for Episode- Completion Status has been added ('Episode closed administratively - client referred elsewhere').

**3.1.2.4.4. GP mental health treatment plan: Can we include an item to capture whether the client has GP mental health treatment plan? Would be very useful from a planning and commissioning perspective.**

The Department agrees that this is a useful item for both PHN and national purposes. It has been added to the final Version 1 specifications and is to be reported at the level of Episodes of Care.

**3.1.2.4.5. Source of Cash Income, Income range: What is the rationale for these items? They are not relevant to PHNs and providers may not be comfortable in asking the questions.**

Both items were intended to address key indicators of socioeconomic disadvantage of the consumers using PHN-commissioned services. The intent is to replace the previous 'low income' data item of the previous ATAPS/MHSRRA dataset which was poorly defined and of doubtful reliability.

Based on discussions we believe the intent of these data items is understood by most PHNs.

'Source of cash income' is a standard Meteor item that importantly, identifies whether the consumer is receiving government income support through a Disability Support Pension or other means. It is used in a number of data collections covering Australia Government funded human services.

Income range was intended as a supplementary measure to identify low income consumers. The Department has considered the feedback and agrees this data item is not the appropriate approach. It has been replaced by an alternative item - 'Health Care Card holder'.

The Department considers it essential for the data collection to have a reliable approach to identifying consumers who are economically challenged.

**3.1.2.4.6. One episode of care at a time: We have clients who are receiving treatment at multiple programs and require multiple episodes with different 'Principal Focus of Treatment Plan'. The PMHC MDS only allows one episode at a time for each client, defined at the level of the provider organisation. What do we do?**

The 'one episode at a time per organisation' rule is fundamental to the concepts underpinning the MDS. This rule has important implications, and is based on the long standing principle that, in bringing together all the various services used by an individual during their healthcare for a particular illness, the episode of care should be bundled to the highest level possible. This allows for a more accurate approach to understanding costs and outcomes at the patient level. A single episode of care may entail multiple service types, and service events which in some systems are bundled together under the concept of 'service episodes'. This situation is common in mental health care; for example where a consumer is simultaneously under the care of a community mental health team and a separate day program. Typically, the patient is registered at both centres and contacts are separately recorded by each service or team. But it's important to not confuse such 'service episodes', which are based on service characteristics, with the episode of care concept, which is patient based.

So the short response to the query is that no, the 'one episode of care at a time per organisation rule' should not be breached. The fact that the person is receiving multiple service types during the course of their episode is not a reason to break their care down into multiple episodes. Doing so would have consequences of subjecting the person to two sets of data collection and outcome measures (noting outcomes are needed for each episode).

It is essential the following aspects of the way episode types (as denoted by the Principal Focus of Treatment Plan) are conceptualised:

1. A single episode may include heterogeneous services, as outlined above.
2. The mix of services provided during a single episode is captured by the Service Type data item - collected at each Service Contact.
3. Classifying the episode type by Principal Focus of Treatment Plan 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 following initial assessment. It is important to note that can be modified at a later stage if the initial judgement made proved to be incorrect.
4. Episodes are not defined by the source of funding.

Further detail on the concepts underpinning the PMHC MDS are outlined in the Overview paper at  
<https://www.pmhc-mds.com/doc/pmhcmds-overview.pdf>

Several PHN organisations have also queried whether a new and separate episode can be opened when a client is shifted to a significantly different type of care from that originally envisaged. The PMHC does not require this, but also the PMHC does not prevent it. It's a clinical decision that can be made - i.e. a new episode can be opened (after the previous one is closed) when there is a significant shift in the type of care provided e.g., the client begins with a Low Intensity episode, because it was envisaged that the episode would be relatively brief/inexpensive, but in the course of treatment it became clear that the client had complex mental health issues that would warrant

higher intensity services and over a more prolonged period. In such instances, the original episode can be closed, and a new one opened. However, the department does not believe this to be the best alternative as it artificially segments a continuous course of treatment into multiple episodes.

One innovation suggested by some PHNs is to establish a mechanism in the MDS collection to identify where an episode is closed to allow the person to be stepped up, or down, to a lower level of care. Specifically, the suggestion has been made that a new coding option should be added to the Episode Completion Status field to identify episodes that end due to a change in the type of care. The department will consider this as part of any changes made to the MDS in the future.

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### **3.1.2.5. Service Contact**

#### **3.1.2.5.1. Service contact - Definition: Does the definition extend to the writing of reports to assist the client in accessing appropriate services etc (although this may not involve 2 people)?**

No. See response to [Exclusion of 'non clinical' time](#).

As stated in the [Overview paper](#), Service contacts are defined as “the provision of a service by a PHN commissioned mental health service provider for a client where the nature of the service would normally warrant a dated entry in the clinical record of the client and:

- must involve at least two persons, one of whom must be a mental health service provider, and
- can be either with the client or with a third party, such as a carer or family member, and/or other professional or mental health worker, or another service provider.

#### **3.1.2.5.2. Service Contact - Duration: It is unclear if the expectation is to calculate all occasions of contact for an individual consumer over an entire 24-hour day or every individual contact recorded separately. A 24-hour or full work day summation of time would be useful.**

In general, it is expected that each Service Contact is reported separately. However, PHNs have discretion on how to handle multiple contacts on a single day. The approach taken will depend on how PHNs commission and remunerate service providers. We have assumed that most services will be paid on a service contacts-as-delivered basis, and thus PHNS will want to track these. But where PHNs opt to remunerate at whole-of-episode of care basis, aggregating Service Contact-Duration to whole days may be a more efficient approach.

#### **3.1.2.5.3. Service Contact – No Show: When item “Service Contact - No Show” is selected as “Yes”, it would be useful to capture how that time of appointment was used.**

The creation of the ‘No Show’ item represents a carry-over from the previous ATAPS collection, and was created at the request of the former Medicare Locals to monitor the extent to which this was impacting. As it does not represent a service contact as such, the Department does not believe it to be reasonable to require practitioners to report on how they used the ‘no show’ time.

**3.1.2.5.4. Service Contact – Type:** This item includes limited options of the actual service function delivered e.g., more detailed information - CBT, ACT, DBT, mindfulness etc. These are all grouped under the category of structured psychological

The approach taken in the PMHC MDS is to use a higher level grouping of interventions provided at each contact, designed to provide a simpler set of options for the practitioner to select from. More detailed lists of intervention types, where the provider is required to select from a long list of options, creates 'selection burden' on the provider and has proved of doubtful reliability. The former ATAPS system used a more detailed reporting on interventions, with practitioners reporting on the types of psychological interventions used, but this has not proved to be useful for regional or national purposes.

**3.1.2.5.5. Service Contact – Type: Is it possible to obtain further examples of "structured psychological interventions" and "other psychological interventions"? e.g., where would narrative therapy fit?**

The rationale for this item is explained in the [Overview paper](#), along with definitions of the following major categories:

- Assessment
- Structured psychological intervention
- Other psychological intervention
- Clinical care coordination/liaison
- Clinical nursing services
- Child or youth specific assistance NEC
- Suicide prevention specific assistance NEC
- Cultural specific assistance NEC

Exhaustive inclusion lists are not provided, but structured psychological interventions are indicated to include, but not be limited to:

- Psycho-education (including motivational interviewing)
- Cognitive-behavioural therapies
- Relaxation strategies
- Skills training
- Interpersonal therapy

Narrative therapy would best fit in the category 'Other Psychological interventions', defined as those psychological interventions that do meet criteria for structured psychological intervention.

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### **3.1.3. Questions about Standard Outcome Measures**

#### **3.1.3.1. Consumer experience measures**

##### **3.1.3.1.1. Why isn't a measure of consumer experience of services added to the PMHC MDS? This is needed to capture a person centred approach to commissioned services. Is the Department planning on developing a standard measure for use by PHNs?**

The Department has previously acknowledged the importance of capturing consumer experience of service delivery as an essential measure of service quality. Considerable work has been funded by the Department since 2010 to develop the 'Your Experience of Services' (YES) consumer survey instrument that is currently being rolled out in several state and territory mental health services and non-government agencies. However, this instrument will need modification to enable a better fit to primary mental health care services and the Department will give this consideration. It is agreed that a nationally consistent tool is highly desirable.

An important caveat is that, assuming a national tool is developed, any collection would sit outside a routine minimum data set collection. Consumer experience measures are usually offered to consumers on a voluntary, opt-in basis and are completed anonymously in way that is not linked to MDS data. They are also usually collected on a periodic basis (e.g., annually) rather than as a routine requirement of service delivery, unlike standard outcome measures.

Further work on this will be considered as a component of establishing a quality framework for primary mental health care services.

#### **3.1.3.2. Alternative outcome measures – for severe mental illness**

##### **3.1.3.2.1. The K10 has been selected as the outcome tool across all populations. Is there scope to include an alternative measure for those with severe mental illness?**

The issues entailed in the specification of mandatory outcome measures are covered in section 4.7 of the [Overview paper](#). Key selection criteria include that the core measures should be meaningful and applicable across all client groups, be capable of being used by all service providers, and reflect the client's perspective – that is, be based on self-report. The K10 is regarded as meeting all these essential elements. An important note is that the K10 is the mandatory measure used by four state and territory jurisdictions' specialised mental health services which predominantly focus on consumers with severe mental illness. Nationally, the K10+ is the consumer self-report outcome measure that has the highest level of consumer uptake across state and territory mental health services.

Each PHN has the capacity to add additional outcome measures to their own regional data collection systems to meet local requirements but these are not necessary for reporting the national data PMHC minimum data set.

### **3.1.3.3. Alternative measures – additional measures set by PHNS**

#### **3.1.3.3.1. Can the measures be extended to include the Depression, Anxiety Stress Scale (DASS) and Modified Scale Suicide Ideation (MSSI)?**

As per [Capturing additional data](#), each PHN has the capacity to add additional outcome measures to their own regional data collection systems to meet local requirements but these are not necessary for reporting the national data PMHC minimum data set.

### **3.1.3.4. Mandatory measures – applicable to all priority areas?**

#### **3.1.3.4.1. Is the K10 and SDQ for children going to be required across all priority areas?**

Yes – noting that the K5 is included as an alternative to the K10 for use with Aboriginal and Torres Strait Islander clients.

### **3.1.3.5. Use of collection reported by Referrer**

#### **3.1.3.5.1. Does the collection occasion date (for the first outcome measure) need to correspond to the first service contact date? It is possible that the referrer may have already completed this measure with the client at time of referral.**

The first Collection Occasion for the outcome measure should correspond as closely as possible to the Episode Start date. If the measure has been collected and reported by the Referrer shortly before this date, it is acceptable for those scores to be used even though it will predate the Episode Start date.

### **3.1.3.6. K5 for Aboriginal and Torres Strait Islander population**

#### **3.1.3.6.1. The definitions document details the K10+, K5 and SDQ as the possible measures but the PMHC MDS overview document only mentions the K10+ for adults and the SDQ for children and young people. Is the K5 recommended for an Aboriginal and Torres Strait Islander population?**

The K5 is included as an alternative to the K10 for use with Aboriginal and Torres Strait Islander clients. A version of the instrument will be made available on the PMHC MDS website. The overview document will be amended accordingly to include the K5.

### **3.1.3.7. SDQ for 2-4 year olds**

#### **3.1.3.7.1. We collect data for younger children using the SDQ 2-4 year olds. Please clarify whether we should continue this, given that the SDQ is listed as covering only 4- 11 year olds.**

There are no mandated measures for children less than 4 years of age simply because there is not yet a nationally agreed standard for this age group. Work is under way to redesign the HoNOSCA but that is not yet complete. PHNs do however have the flexibility to add additional measures to meet local requirements but these are not included in the PMH MDS.

### **3.1.3.8. Multiple collection occasions**

#### **3.1.3.8.1. It is essential that the PMHC MDS have capacity for numerous outcome measure scores to be recorded against a single episode.**

The new arrangements will allow this. Collection Occasions between Episode Start and Episode End are termed 'Review'. There is no limit in the number of Review Collection Occasions.

### **3.1.3.9. Outcome measure date**

#### **3.1.3.9.1. To gather meaningful clinical outcome data, the PMHC MDS needs to allow a date to be added against each measure administered.**

The data item Collection Occasion Date is included in the PMHC MDS to achieve this.

### **3.1.3.10. Low intensity workers**

#### **3.1.3.10.1. Use of clinical outcome measure for low intensity interventions is questionable given non-mental health professionals will deliver this service.**

The mandated measures are based on consumer self-report rather than clinician-completed. They can be offered and collected by low intensity workers.

### **3.1.3.11. Reporting individual item scores versus subscale totals and total score**

#### **3.1.3.11.1. The ATAPS system only required totals and subscale scores to be reported but the PMHC MDS requires all individual scores to be reported. This may not be practical for many service providers because it adds a significant reporting burden.**

The PMHC MDS requires individual item scores because these provide a stronger basis for understanding outcomes, and avoid the necessity for providers having to calculate subscale scores (on the SDQ). However, it is acknowledged that this may not be possible in the short term for all providers. Therefore, as a transitional step, reporting overall scores/subscales is allowed. This means:

- For the K10+, providers can either report all 14 item scores or report the K10 total score as well as item scores for the 4 extra items in the K10+.
- For the K5, providers can either report all 5 item scores or report the K5 total score.
- For the SDQ, providers can either report all 42 item scores or report the SDQ subscale scores.

The Department will advise PHNs of when this transitional arrangement will be ceased and individual item scores required for all measures.

Additionally, the Department is giving consideration to developing a web-based reporting arrangement that would allow the client to complete and submit the outcomes data, bypassing the need for practitioners to undertake collection and reporting.

### **3.1.3.12. Statistical significance**

#### **3.1.3.12.1. Please specify whether measured changes should be statistically significant.**

No, the data required for the immediate future by the PMHC MDS are individual item scores, or as noted above, subscale scores and totals. These will be used to derive a range of change indicators.

### **3.1.3.13. MHNIP outcome measures**

#### **3.1.3.13.1. The PHMC MDS requires the K10+, K5 or SDQ to be captured, however for MHNIP the DoH 2015-16 guidelines requires providers to capture the HoNOS. Can we record HoNOS through PMHC MDS?**

The PMHC MDS is designed to monitor and evaluate regional service delivery against key mental health performance indicators. The PMHC MDS does not confine PHNs to the data specified. Rather, it sets the minimum and common ground for what data are to be collected and reported for mental health services commissioned by PHNs. It is anticipated that many PHNs will seek to collect an enhanced set of data to meet local needs, however this data will not be submitted to the MDS. Therefore, a PHN can of course continue to collect additional outcome measures such as the HoNOS in relation to specific service/episode types but this is at their discretion and will not form part of the MDS at this time.

### **3.1.4. Questions about privacy protections and patient consent**

#### **3.1.4.1. Privacy and patient consent**

The Commonwealth Privacy Act 1988 and associated Australian Privacy Principles (APPs) in Schedule 1 of that Act set the overarching requirements for the collection and use of all personal information by organisations and entities involved in the Primary Mental Health Care Minimum Data Set (PMHC MDS). A key feature to the operation of the PMHC MDS is based on obtaining client consent to the collection, use and disclosure of their personal information.

Specific responses to two issues commonly raised are provided below.

##### **3.1.4.1.1. (a) Can PHNs collect the required MDS data?**

Under Australian Privacy Principle (APP) 3, an organisation can collect health information where it is reasonably necessary for its functions or activities, and the individual concerned consents to the collection, or another exception applies.

As commissioners and regional planners, PHNs require a range of data to remunerate service providers as well as monitor overall regional service provision and plan future service improvements. These are all core functions of PHNs and require that PHNs collect and analyse data on what services are delivered, to what clients, at what costs and with what outcomes. Without data, PHNs cannot undertake these functions.

Additionally, most PHNs have set up centralised referral coordination points to which the GP or other referrer forwards client and referral details. This centralised function allows referrals to be processed and services selected to match the client's needs as well as giving the PHN an efficient method for managing demand.

Client consent is critical to the process. While APP 3 includes provision for health information to be collected without consent under the 'health management activities exception', the conditions for this are limited and may not be applicable (see <https://www.oaic.gov.au/engage-with-us/consultations/healthprivacy-guidance/business-resource-collecting-using-and-disclosing-health-information-for-healthmanagement-activities>). Under the previous ATAPS/MHSRRA programs, PHNs set up appropriate consent processes for clients to agree to information being provided to the PHN. For most PHNs, specific forms are available on their websites for use by referrers or health practitioners, including versions that can be downloaded and integrated into GP clinical software, enabling secure electronic transmission to referral triage teams.

Most forms currently available on PHN websites relate only to the former ATAPS program and do not reflect the wider range of services to be delivered from mental health flexible funding. It is therefore recommended that PHNs review and update as required their consent processes to reflect the wider range of services that they are now responsible for commissioning.

#### **3.1.4.1.2. (b) Can PHNs supply the data to the Department of Health?**

Provision of information to the Department is necessary for government to undertake its role in funding, monitoring and planning future national service delivery.

Supply of PMHC MDS data by PHNs to the Department of Health is governed by APP 6 which regulates how an organisation may use and disclose the health information that it collects. Under APP 6, if an organisation collects health information for a particular or 'primary purpose', it generally cannot use or disclose that information for a 'secondary purpose' unless an exception applies. A specific exception under APP6 allows personal information to be used or disclosed for a 'secondary purpose' where there is client consent.

A new item has been added to PMHC MDS to confirm that client consent for data supply to the Department has been obtained. Any records attached to clients for whom the consent flag is not checked as 'yes' will not be passed to the Department.

PHNs should therefore ensure that the consent processes they establish include client consent to the provision of data to the Australian Government Department of Health.

The Department has prepared a set of standard words that can be used, or adapted as necessary, in any locally developed forms. These are available on the resources section of the PMHC MDS website (<https://www.pmhcmds.com/resources/>).

### **3.1.5. Questions about Unique Identifiers and 'Keys'**

PHNs raised a number of queries about the assignment of unique keys. Client Keys must be unique and persistent for an individual across the entire PHN. It is the responsibility of the PHN to derive a format for these fields to be used across their commissioned organisations. Practitioner, Episode, Service Contact and Outcome Collection Occasion Keys will be managed by provider organisations and will be unique at the level of the provider organisation.

An important requirement to note is that Keys (or identifiers) are strings that can have a minimum length of 2 characters and a maximum length of 50 characters. Once assigned keys cannot be changed. The purpose of keys on each of the records is to provide a unique and persistent identifier in order to allow addition, update and deletion of each individual record. Responses to specific questions are provided below.

#### **3.1.5.1. Client keys**

##### **3.1.5.1.1. Does the Department have any recommendations for assignment of the Client Key? Can the Department provide any further information regarding the process for allocation of region wide unique client identifiers?**

Client Keys must be unique and persistent for an individual across the entire PHN. It is the responsibility of the PHN to derive a format for these fields to be used across their commissioned organisations.

Some PHNs have or are already implementing centralised client identifier ('key') allocation in order to facilitate services between their contracted provider organisations. For those PHNs without this capability a master client index will be created during [Stage Two](#) of the PMHC MDS implementation. The master client index will facilitate management of the client keys within the PHN independent of the provider organisation.

In the interim it is recommended that at the very least PHNs ensure that Client Keys issued by provider organisations do not overlap.

#### **3.1.5.2. Episode keys**

##### **3.1.5.2.1. Could the Department provide further information about the purpose and creation of episode Keys?**

The purpose of keys on each of the records is to provide a unique and persistent identifier in order to allow addition, update and deletion of each individual record without reference to items on that record which might need to change. e.g. correcting a patient key or date. This also applies to the other record types such as client and service contact.

### **3.1.5.3. Manual data entry via MDS interface**

#### **3.1.5.3.1. Do we need to create 'keys' if we intend to enter data directly into the MDS?**

Stage One of the PMHC MDS will only allow upload, not direct data entry. Upload files will either be produced automatically from client systems or by hand via Excel spreadsheet. Therefore, all organisations uploading data to the PMHC MDS will need to provide keys for each record. Where data is being exported from client systems, these keys can be auto generated, provided that a key does not change once it is assigned to an item.

### **3.1.5.4. Practitioner identifiers**

#### **3.1.5.4.1. There is currently a jumble of systems for coding service providers, making it difficult to report against the 'delivered by whom' part of the complex multi-part question posed. How will this be improved?**

The new MDS specifications include separate unique keys for Provider Organisation and Practitioner which are intended to resolve this problem

## **3.1.6. Questions about PHN access to the Data Warehouse**

### **3.1.6.1. Data Warehouse**

#### **3.1.6.1.1. Data entered into PMHC data set will be stored in a national data warehouse. Will all of the information be accessible by PHN's for benchmarking and service development/collaborative purposes?**

PHNs will have access to all de-identified data pertaining to their services but will not have access to the information of other PHNs.

Benchmarking and service development reports will be developed in a subsequent development stage with input from appropriate stakeholders.

## **3.1.7. Questions about Implementation and Support**

### **3.1.7.1. Support to developers**

#### **3.1.7.1.1. Will the Department be providing further support to system developers to ensure that they are able to develop their clinical systems in line with the revised MDS specification?**

System developers will have access to the following resources:

- API documentation online
- Test accounts on both staging and production systems
- Offline data validation for ease of testing extracted datasets
- Access to help desk via e-mail. Telephone support will be provided where the issue can't be resolved via email
- Developer announcement mailing list to notify developers of pending changes and issues

### **3.1.7.2. Staging:**

#### **3.1.7.2.1. We would seek assurance from the Department that there is sufficient lead time for system developers to refine systems in line with these new requirements.**

The Department is aware that developers will need sufficient lead time to make the required system changes and/or additions.

PMHC MDS upload functionality will be separate from the existing ATAPS/MHSRRA MDS. During this initial stage the existing ATAPS/MHSRRA MDS will be kept operational so that ATAPS/MHSRRA organisations can continue to provide data through that system until they are either ready to export data to the new upload interface or until the new data entry interface is available after a later stage of development. Once all ATAPS/MHSRRA organisations are submitting data to the PMHC MDS, the ATAPS/MHSRRA MDS will be shut down. This date has not yet been specified.

Data for services other than ATAPS/MHSRRA will have to be submitted via the PMHC MDS interface.

Organisations should only submit data via one interface, not both.

Data submitted via the existing ATAPS/MHSRRA MDS will be converted and merged with data submitted via the PMHC MDS in order to produce departmental reports.

#### **3.1.7.2.2. Is year one a baseline data gathering year as opposed to there being any expectation to manage providers against levels of activity not fully understood due to the extended MDS requirements?**

The Department is aware that 2016-17 is a transitional year and will not provide sufficiently comprehensive data to serve as a baseline for monitoring future activity. 2017-18 is expected to serve as the baseline year for comprehensive data collection.

### **3.1.7.3. Support to PHNs to engage providers**

#### **3.1.7.3.1. Can the Department offer assistance to PHNs in terms of creation of a spreadsheet suitable for storing and uploading collected data**

Yes – Excel data entry templates for submission are provided on the PMHC MDS website. Visit Upload Specifications [File format](#)

#### **3.1.7.3.2. Will there be further clarification on how PHNs will be expected to report on provider performance to allow engagement on how best to undertake the change process?**

See responses to [Questions about Standard Reports](#).

**3.1.7.3.3. PHNs would desirably see the actual mechanics of the MDS hands-on prior to wider release. Successful roll-out will depend on how well PHNs are able to communicate and support providers. We suggest the department conducts PHN specific webinars and training for key nominated staff**

Online support documentation is currently being created around the data specification and online portal. In addition, the Department is currently in negotiations with external providers to supply ongoing support and training for the system. Further details of these arrangements will be made available subsequent to the finalisation of these arrangements.

### **3.1.7.4. Data capture via the web-based portal**

**3.1.7.4.1. With the data being submitted via the web based portal – does the web based portal also allow PHN's to use this as their data capture tool as well?**

During the initial stage of implementing the PMHC MDS, PHNs and their service providers will be able to either export data from their client systems and upload to the PMHC MDS or manually create spreadsheets that can then be uploaded. Data may be uploaded in either Excel or CSV format.

During phase 2 a full data entry capacity will be added. This is expected to be ready for the 2017-18 financial year.

## **3.1.8. Questions about Standard Reports**

### **3.1.8.1. Provider Organisations and Practitioners**

**3.1.8.1.1. The documentation indicates standard reports will be designed to meet PHN and departmental requirements. Will a Provider organisation or Practitioner be able to receive reports for their respective service provision?**

The Department will be planning a range of standard reports and will consult with PHNs about their requirements. Standard Reports are expected to be developed for [Stage Two](#).

### **3.1.8.2. Benchmarking reports**

**3.1.8.2.1. Are the PHNs going to receive reports on collated data and benchmarked against other PHNs for QI purposes?**

The Department will be planning a range of standard reports and will consult with PHNs about their requirements. Standard Reports are expected to be developed for [Stage Two](#).

### **3.1.9. Miscellaneous Questions**

#### **3.1.9.1. Clients/consumer terminology**

**3.1.9.1.1. The terms 'patient', 'client' and 'consumer' are used interchangeably in the documentation. Consultation indicates a preference for the term "consumer".**

The Department acknowledges the importance of language in describing those who use mental health services and that 'consumer' is the current preferred term in the sector. However, for the purpose of specifying the PMHC MDS, the term 'client' is used in the technical specifications. This does not imply that the term 'consumer' should not be used in PHN communications with stakeholders.

#### **3.1.9.2. Provisional Psychologists**

##### **3.1.9.2.1. Can provisional psychologists provide services under supervision in priority area 3?**

Provisional Psychologists fall within the broader Practitioner category of 'low intensity workers'. These are defined as "individuals with appropriate competencies but who do not meet the requirements for registration, credentialing or recognition as a mental health professional". The deployment of low intensity workers is at the discretion of PHNs, but of course depends on suitable clinical supervisory arrangements being in place.

#### **3.1.9.3. Referrer postcode**

##### **3.1.9.3.1. It would also be useful to collect the postcode of the referrer to understand referral patterns across and within regions.**

Referrer postcode is not regarded as essential for the national data and thus not included in the PMHC MDS. However, PHNs have the discretion to add this as additional information collected at regional level.

#### **3.1.9.4. Multiple episodes**

**3.1.9.4.1. When patients receive services under multiple funding areas is the data recorded against a separate episode of care for each service? For eg: a young person is receiving care through a headspace site (priority area 2) yet has an acute episode and requires services for a follow up around a suicide attempt- (Priority area 5) is the MDS data uploaded against both priority areas?**

The business rules for Episodes are stated in the MDS specifications. Episodes are defined at the level of the Provider Organisation, not the funding source. A client can only have one episode at a time **for any given Provider Organisation**. Of course, if two Provider Organisations are delivering services simultaneously, one episode would be created by each Provider Organisation.

Each Episode is classified according to a single 'Principal Focus of Treatment Plan'. This may be changed in the course of an episode if the original code entered changes during the course of treatment.

### **3.1.9.5. Data collection responsibility**

#### **3.1.9.5.1. Does the referrer or clinical provider collect the sociodemographic and clinical data? If the former, this may not be acceptable to GPs**

While referrers will continue to provide some information as part of the referral process, it is the responsibility of the Practitioner and Provider Organisation to ensure the integrity of data submitted to the PMHC MDS. Most of the data required would normally be collected as part of the assessment process by the Practitioner. GPs are not expected to provide the full set of sociodemographic data.

## **3.2. System Frequently Asked Questions**

### **3.2.1. Accessing the PMHC Minimum Data Set**

#### **3.2.1.1. What internet browser should I use?**

You can access the PMHC MDS using the following browsers:

- Chrome (version 30+)
- Firefox (version 38+)
- Internet Explorer 11
- Safari 8 +

#### **3.2.1.2. How do I get started using the MDS?**

Each individual staff member should be set up with their own unique login access. Generic login accounts are not encouraged to be set up and used within the PMHC MDS, and usernames/passwords should not be shared with other individuals. This process ensures that when a staff member leaves, their access can be easily disabled and it doesn't affect other users or the security of the organisation's data. A user's account, should not be passed from one staff member to the next.

Refer to [How do I obtain access to the PMHC MDS?](#) for information on getting an account on the MDS.

The PMHC website is available at <https://pmhc-mds.com/>. Here you will find documentation on using the MDS.

The MDS is accessed on the web at the following address: <https://pmhc-mds.net/>

#### **3.2.1.3. How do I obtain access to the PMHC MDS?**

Access to the PMHC MDS is based around roles. Each role allows a user to perform specific tasks. A user can have more than one role. Each role is granted for a user against an organisation. An organisation can either be a Primary Health Network (PHN) or a Provider Organisation. If a user is granted a role for a PHN they will also have this role for any Provider Organisations of that PHN. A user can be invited to have a role at more than one organisations.

See [Users Roles](#) for a summary of each of the roles that currently exist within the PMHC MDS.

User accounts can be created by a user at your PHN or Provider Organisation who has the User Management role. If unsure who this is, please contact [support@pmhc-mds.com](mailto:support@pmhc-mds.com) to find out who has this access.

Alternatively, if you cannot contact any users who have the User Management role access can be gained by producing a [letter of authority](#).

#### **3.2.1.4. What is required for the Letter of Authority?**

The protocol for setting up a new account to access the MDS requires a written letter of authority. A [letter of authority](#) is a request made on your Primary Health Network or Provider Organisation's letterhead which must be signed by an authority at the Primary Health Network or Provider Organisation who holds a position that is higher than the person for whom the account is being created (i.e., the person's manager or the CEO).

This letter must contain the following details (for the person for whom the MDS access is being requested):

1. Name.
2. Email address.
3. Contact telephone number.
4. Mobile phone number.
5. The exact Primary Health Network or Provider Organisation's name in the MDS you are seeking to access.
6. The roles required for the user. The user can have any combination of these roles. (See [Users Roles](#) for a summary of each of the roles that currently exist within the PMHC MDS.)

This letter must be faxed or scanned then emailed to:

- Strategic Data Fax: (03) 9340 9090
- PMHC Helpdesk Email: [support@pmhc-mds.com](mailto:support@pmhc-mds.com)

The same protocol applies if an MDS user no longer requires MDS access and needs to hand over their MDS access to another person. However, in this case it is advised that the new MDS user has a new username and password issued to protect the privacy and security of the organisation's data.

This process will also apply where a user is requesting a password re-set. However, the auto [password recovery](#) process available to you via the MDS login screen is the preferred method of password retrieval.

This process will also apply where a user is requesting an update to their details. However, the [Updating your details](#) process available to you via the MDS login screen is the preferred method for a user to update their own details.

#### **3.2.1.5. What can a user see in the MDS?**

What you see once you login will depend upon what roles you have been assigned.

Refer to [Users Roles](#) for more information.

### **3.2.1.6. I do not have a work mobile. What do I do?**

A user can use their personal mobile. Users' mobile phone numbers are not listed or able to be viewed by other users within the PMHC MDS.

The mobile is only used by the PMHC MDS profile management system to deliver the verification code via SMS. This is used to activate their profile, reset their password or if a password is forgotten or expires.

Refer to [How can I recover my password or username?](#)

### **3.2.1.7. Can I invite different users by using the same mobile?**

It is not advised for multiple PMHC users to share using the same mobile number.

Refer to [I do not have a work mobile, letter of authority](#) and [How can I recover my password or username?](#)

### **3.2.1.8. Can I pass on my username and password to my organisation's IT person or evaluator if they are entering data?**

No, each user should be issued with their own username and password.

Refer to [How do I obtain access to the PMHC MDS?](#)

### **3.2.1.9. Can I add an existing user to another PHN or Provider Organisation?**

Yes, a user can have role/s at more than one organisation.

By ensuring you enter the same email and mobile number when completing the invitation steps in [Adding an existing user](#), the system will automatically pick up if a user already exists in the PMHC MDS and will grant them access to the additional organisation.

### **3.2.1.10. Why did I get this message when inviting a user - '500 Internal Server Error: Inviting user failed: An outstanding PMHC MDS invite exists'?**

This user has previously been invited and has not yet completed the required steps for [Accepting an invitation to become a PMHC MDS User](#). An invitation will be valid for 7 days and you can not resend an invitation within this time whilst a token is still valid.

Why are you trying to re-invite this user? For further assistance refer to:

- [What should I do if a user didn't receive the email invitation?](#)
- [What should I do if a user didn't receive the invitation SMS token?](#)

- [What should I do if a user deleted the email invitation or the SMS token?](#)
- How can I change the users roles? When the user has accepted the invitation you will be sent an email and after this you can then [Editing a user's roles](#).

### **3.2.1.11. What should I do if a user didn't receive the email invitation?**

You will not be able to re-invite this user using the same email within 7 days, as an [outstanding PMHC MDS invite exists](#).

Firstly confirm that you have their correct email address. Ask the user to double check their junk mail folder and search for an email sent from [noreply@strategicdata.com.au](mailto:noreply@strategicdata.com.au). Otherwise, please contact the Helpdesk on [support@pmhc-mds.com](mailto:support@pmhc-mds.com).

If an incorrect email was entered, you will be able to re-invite the user using the correct email.

### **3.2.1.12. What should I do if a user didn't receive the invitation SMS token?**

You will not be able to re-invite this user within 7 days, as an [outstanding PMHC MDS invite exists](#).

Firstly confirm that you have their correct mobile phone number. If an incorrect number was entered, please contact the Helpdesk on [support@pmhc-mds.com](mailto:support@pmhc-mds.com) as we can reissue it to the preferred number. When contacting please inform the Helpdesk of both the incorrect number, along with the correct number where possible.

See [What should I do if a user deleted the email invitation or the SMS token?](#)

### **3.2.1.13. What should I do if a user deleted the email invitation or the SMS token?**

You will not be able to re-invite this user within 7 days, as an [outstanding PMHC MDS invite exists](#).

If a user deleted the email invitation or the SMS token please contact the Helpdesk on [support@pmhc-mds.com](mailto:support@pmhc-mds.com) as we can reissue it.

### **3.2.1.14. Can GPs or Mental Health Providers (MHPs) access the MDS to upload data themselves?**

Yes, GPs and MHPs can access the MDS to upload their data directly into the system. However, it is not possible to limit their data access to the select data fields that they would normally manage. For example, MHPs would normally only need to enter or edit their own client information and the episodes and service contacts associated with these clients.

However, it is not possible to restrict their access only to their own clients' data. They will be able to modify data for clients across their entire provider organisation. Therefore, MHPs who access the MDS could potentially change data for a client that is not their own.

Refer to [Users Roles](#).

### **3.2.1.15. I'm a third-party software developer developing software to assist with uploading data to the MDS. Can I have an account to test my data uploads?**

Yes, we can supply you with an account that has access to a test Primary Health Network. In order to set up the test Primary Health Network account we need to follow a similar procedure to setting up a proper Primary Health Network account, by producing a [letter of authority](#).

On company letterhead, this letter must be signed by an authority at your company who holds a position that is higher than the person for whom the account is being created (i.e., the person's manager or the CEO).

This letter must contain the following details (for the person for whom the MDS access is being requested):

1. The name of the person the account is for
2. The email address of the person
3. Contact telephone number
4. Mobile phone number
5. Request access to the 'Test [Your Company Name]' Organisation

This letter must be faxed or scanned then emailed to:

- Strategic Data Fax: (03) 9340 9090
- PMHC Helpdesk Email: [support@pmhc-mds.com](mailto:support@pmhc-mds.com)

Base your letter on the details listed in [What is required for the Letter of Authority?](#)

### **3.2.1.16. Can I have an account to test adding data and for training new staff?**

Yes, there is a Developers PMHC MDS website available for testing and training purposes for PHNs, Provider Organisations and third-party developers.

To set up an account on <https://developers.pmhc-mds.net/> please provide us with a 'Letter of Authority' on your organisation's letterhead, similar to the one outlined for third-party software developers.

See: [I'm a third-party software developer developing software to assist with uploading data to the MDS. Can I have an account to test my data uploads?](#)

### **3.2.1.17. I forgot my password. What do I do?**

See [Forgotten or Expired Password](#).

### **3.2.1.18. How can I update my user details?**

If your email address or mobile number has changed, it is important that you update your account. See [Updating your details](#).

If you can't access your profile, contact the PMHC Helpdesk so that your records can be updated. When contacting the PMHC Helpdesk you will be asked to arrange for a [letter of authority](#) stating the change(s)

Refer to [What is required for the Letter of Authority?](#)

### **3.2.1.19. How can I recover my password or username?**

The system offers an automated password/username recovery feature. The system will email the registered email address on your account and send an SMS to the registered mobile phone on your account.

See [Forgotten or Expired Password](#) for instructions on resetting your password.

It is important to keep your email address and mobile phone current so that you can make use of this facility. If you can no longer access the PMHC MDS please email the PMHC MDS Helpdesk at [support@pmhc-mds.com](mailto:support@pmhc-mds.com) to update your email address/mobile phone.

Please note, when contacting the PMHC Helpdesk you will be asked to arrange for a [letter of authority](#) stating the change(s) required. Refer to [What is required for the Letter of Authority?](#)

## **3.2.2. Entering data in the PMHC Minimum Data Set**

### **3.2.2.1. What is the best way to manage the client key?**

The Client Key needs to be stable for each individual within the Provider Organisation.

Initially the PHN may decide to play a role in coordinating assignment and management of these keys for Provider Organisations, prior to the PMHC MDS implementation a Master Client Index during [Stage Two](#) of development.

See data specifications for [Identifier management](#).

### **3.2.2.2. Can you suggest a best practice approach to managing client keys?**

We understand that PHNs and Provider Organisations will approach [Identifier management](#) in various different ways to best suit their practice. PHNs may decide to manage client keys until the Master Client Index is developed and released in [Stage Two](#). In the interim, we suggest speaking with your PHN or another Provider Organisation in your network to understand their approach to managing their client keys.

Refer to the Department's response to [Questions about Unique Identifiers and 'Keys'](#).

### **3.2.2.3. Why can't we use the SLK as the client key?**

The Client Key is required to be a unique client identifier. The SLK isn't a unique key and therefore not suitable to be used as the Client Key.

Refer to data specifications for [Identifier management](#).

### **3.2.2.4. How will the Master Client Index work?**

The previous PMHC MDS specification requires a Client Key that is unique and stable at the PHN regional level, not at the Provider Organisation level. The purpose of the Master Client Index is to help PHNs and their Provider Organisations manage client information across the PHN region. This requirement has proven problematic for PHNs and is being worked through by the PMHC MDS Working Group.

To determine what issues exist with managing the client key and possible solutions, nine PHNs worked with Strategic Data to describe their models for triaging patients, the information systems being used by PHNs and Provider Organisations, the ease of updating information systems and resources available for manual reconciliation of clients.

As a result of this work, a Master Client Index is not possible at this time, and as such, will not be a requirement for full compliance from 1 July 2017.

See [Master Client Index](#).

### **3.2.2.5. How often should I enter data into the MDS?**

Refer to [Reporting timeliness](#).

### **3.2.2.6. Can I enter fictitious data as a part of testing?**

The MDS is live and data uploads will be recorded. Real PMHC data can be trialled by uploading in test mode, whereas fictitious data should be trialled with a 'Test Organisation' on [developers.pmhc-mds.net](https://developers.pmhc-mds.net).

See [PMHC Developers Announcement](#).

### **3.2.2.7. How do I find or create a Client's Statistical Linkage Key (SLK)?**

If you don't have an internal system that can provide you with the client's SLK, an SLK generator is available within the client data entry forms. Refer to the online User Guide [Adding a New Client](#).

There is also a manual Statistical Linkage Key Generator available on the PMHC MDS website, under the SLK tab - <https://pmhc-mds.net/#/slk>. See [SLK](#).

### **3.2.2.8. How do I find what the Episode Key, Service Contact Key and Outcome Collection Occasion Key is?**

The [Episode Key](#), [Service Contact Key](#) and [Outcome Collection Occasion Key](#) are the system [unique identification keys](#) that will need to be manually created and managed by your Provider Organisation.

Each record needs to be assigned a stable unique key within the Provider Organisation, in order to facilitate adding/updating/deleting each item when entering data.

See data specifications for [Identifier management](#).

### **3.2.2.9. How do I find what my Practitioner Key is?**

The Practitioner Key is one of the system [unique identification keys](#) that will need to be manually created and managed by your Provider Organisation.

Data Entry users can add a Practitioner once they know their key. Refer to the online User Guide [Adding a Practitioner](#).

### **3.2.2.10. How can I edit a record's identifying key?**

Each record needs to be assigned a stable unique key within the Provider Organisation, in order to facilitate adding/updating/deleting each item when entering data.

You can edit a record's identifying key you have entered within the data entry interface. There is an edit key button available when editing a records details.

See:

- [Editing a Practitioner Key](#)
- [Editing a Client Key](#)
- [Editing a Episode Key](#)
- [Editing a Service Contact Key](#)
- [Editing a Collection Occasion Key](#)

### **3.2.2.11. How do I enter a referral?**

A referral can be entered as an [Episode](#).

An Episode does not need to be concluded if the client requires as a new referral. If the treatment continues with a client, the service contacts can continue to be recorded to the original Episode until treatment is formally concluded either clinically or administratively.

Refer to the online User Guide [Episodes](#).

### **3.2.2.12. How do I enter a K10+, or K5?**

These measures tools, K10+ and K5, are entered as an [Outcome Collection Occasion](#).

Refer to the online User Guide [Outcome Collection Occasions](#).

### **3.2.2.13. How do I enter a SDQ measure?**

The SDQ development for the Data Entry Interface is on hold, as the Department is currently in licensing negotiation with the SDQ developers to be able to add the complete SDQ online form to the PMHC MDS. Refer to [Data Entry Interface Development](#).

The SDQ paper version is still able to be used and once the development is released can be entered through the Data Entry Interface.

In the interim, however you can currently add the SDQ subscales through the Data Entry Interface - See [Adding a Client's Outcome Collection Occasions data](#).

### **3.2.2.14. How can I delete a record I incorrectly entered?**

You can delete a record you have entered within the data entry interface. There is a delete button available when viewing a records details.

However, if the record you are trying to delete has any dependant records, you will not be able to proceed with deleting the parent record until all the related dependant records have been edited or deleted.

See:

- [Deleting a Practitioner](#)
- [Deleting a Client](#)
- [Deleting an Episode](#)
- [Deleting an Service Contact](#)
- [Deleting an Outcome Collection Occasion](#)

### **3.2.2.15. Can I go back and enter information if I don't have it at the time?**

Yes, the MDS allows you to go back and enter information at a later date.

When data in the upload has the same identification key as recorded in the MDS, (eg Client, Practitioner, Episode, Service Contact, and Outcome Collection Keys) the data will automatically be updated for these files. The number of files present, created, and updated, are summarised on the successful upload notification email.

Refer to upload specification [File format](#).

### **3.2.2.16. Do I enter a Service Contact when a client doesn't show up for the session?**

Yes. A Service Contact record has a 'No Show' field and selecting the value 'Yes' indicates that the intended participant(s) failed to attend the appointment.

Some of the other Service Contact fields have a 'no show' option available to be selected. For any other Service Contact fields, please enter the response that would have been entered if the participant had attended the session.

You can decide to enter as much information as possible within a no show form, as long as it meet the 'No Show' validation guidelines for a service contact.

Refer to [Service Contact](#).

### **3.2.2.17. If the client is referred elsewhere (e.g. not suitable for this service) should this be recorded?**

This decision depends upon your local guidelines.

Under the new PMHC MDS, an episode does not formally commence until the client receives their first Service Contact. For referrals that do not lead to a Service Contact, and where the person is referred elsewhere, there is no need to open an Episode.

However the Department understands that many PHNs are likely to want to do this as a means to track referrals that do not lead to Service Contacts, or to begin entering data prior to the first Service Contact. Therefore, there is scope in the system to set up an Episode even it does not lead to a Service Contact. Standard reports to be developed will build in capacity to monitor these and ensure that they are not counted in service delivery indicators.

Where a referral is followed by an initial Service Contact, and the person is referred elsewhere due to being assessed as not suitable, or requires an alternative service, a new code for Episode- Completion Status has been added ('Episode closed administratively - client referred elsewhere').

### **3.2.2.18. Why is an episode showing as uncommenced?**

The episode definition states that 'Episodes commence at the point of first contact. The episode start date will be derived from the first service contact date.'

When an episode does not have any service contacts added yet, it does not have a start date and the system will report it as 'Uncommenced'.

Refer to [Episode](#).

### **3.2.2.19. How can I close an episode?**

To close an episode, you can edit a Client's Episode details and enter an 'Episode - End Date' and update the 'Episode - Completion Status' value.

Refer to [Editing a Client's Episode data](#).

### **3.2.2.20. What do I do if the GP / mental health provider has not given an answer to one or more questions in the minimum dataset?**

Provider Organisations should make every effort to ensure that the data entered into the MDS is as complete as possible. However, most data items specify a 'Missing' response. Where information is unavailable, please use this response item. The aim is to minimise missing data as much as possible.

Refer to [Record formats](#) for more information. By clicking on the field name this will take you to the field definition which outlines the associated notes that provide guidance on which response to use.

### **3.2.2.21. What are the options where the information collected does not fit into the available fields?**

Each data item has associated notes that provide guidance on which response to use. By clicking on the [Record formats](#) field name this will take you to the field definition which outlines the associated notes.

Refer to [Record formats](#).

### **3.2.2.22. The PHMC MDS specifications seems limited. Can we capture and record additional data?**

PHNs can choose to capture and record additional data outside the PMHC MDS.

See [Can the PMHC MDS capture and record additional data?](#).

### **3.2.2.23. Where do I enter MHNIPS data collection?**

The Department of Health is expecting all commissioned Mental Health Nursing services data from July 2016 to be entered into the PMHC MDS.

Refer to the Department's response to [Are services previously delivered under MHNIP expected to collect the PHMC MDS?](#).

### **3.2.2.24. I have an error message but no idea what it means or how to fix it. What should I do?**

Refer to [Record formats](#) for more information. By clicking on the field name this will take you to the field definition which outlines the associated notes that provide guidance on which response to use. It will also inform you if there are any interrelated field requirements that can cause data errors.

If still unsure, please email the PMHC Helpdesk on [support@pmhc-mds.com](mailto:support@pmhc-mds.com) and provide a description of where the error occurred, a screenshot if possible, and the error log number. The error log number is displayed at the end of the error message, eg [BVDS105Q], and is very important for the Helpdesk to quickly identifying the error and to provide you with a clear response on how to rectify the data issue.

### **3.2.3. Uploading data**

#### **3.2.3.1. How do I obtain a template to upload my data to the MDS?**

Upload templates are available from [Upload specification](#).

#### **3.2.3.2. What do I do if I have collected the data in Excel or Access?**

Visit the online MDS documentation regarding uploads were a detailed User Guide for data uploads is available.

See [Upload specification](#).

#### **3.2.3.3. Should an upload file only contain new or changed data or should it contain all cumulative data from the start of service delivery?**

All data should be uploaded for the first upload, but subsequently only new or changed data should be uploaded. However, parent records of new or changed data also need to be uploaded in order to keep the file internally consistent.

An example of what this means is that if a service contact record is added or changed, there must be a corresponding episode record in the episode file and a client record in the clients file, even if the episode and client data hasn't changed. Also, as service contacts refer to practitioners, there must also be a practitioner record in the practitioner file.

#### **3.2.3.4. How can I edit a record I have previously uploaded?**

There is a unique identifying key associated with every record in the PMHC MDS. When you upload a record with the same unique identifying key with updated data, then the MDS will recognise this record's key and update the data already recorded in the system.

When an upload is completed successfully, you will see a summary of the updated records shown in the 'Upload Change Summary' table displayed in the View Upload Details for complete uploads. See [Complete uploads](#).

#### **3.2.3.5. How can I delete a record I have previously uploaded?**

You can delete records via upload.

Please refer to [Deleting records](#).

### **3.2.3.6. How can I review why the status of my upload file shows error?**

If the status of your file shows error, you can view the returned errors through Viewing Previous Uploads.

Refer to [Error messages](#).

### **3.2.3.7. How can I view my uploaded data?**

When an upload is completed successfully, you will see a summary of the updated records shown in the 'Upload Change Summary' table. See [Complete uploads](#).

If you have the Reporting role, you can produce system reports or extract recorded data. See [Reports](#).

### **3.2.3.8. How do I upload the individual CSV files?**

The CSV files must be compressed into a single file by zipping before upload. The filename of the zip file doesn't matter as long as it has the file extension .zip All the required CSV files must be included for each upload, even if the file contains no data. If choosing to include any optional CSV files, these must be included with the required files in the single upload zip file.

See [Upload specification](#).

### **3.2.3.9. How do I fix upload file errors?**

Refer to [Correcting upload errors](#).

### **3.2.3.10. How do I fix data errors in an upload?**

Refer to [Record formats](#) related to column name for each error. By clicking on the field name this will take you to the field definition which outlines the associated notes that provide guidance on which response to use.

If still unsure, please email the PMHC Helpdesk on [support@pmhc-mds.com](mailto:support@pmhc-mds.com) and provide a copy of the error email, and/or a screenshot if possible. The error email is very important for the Helpdesk to quickly identifying the error and to provide you with a clear response on how to rectify the data issue.

### **3.2.3.11. Has my data uploaded if my file has an error status?**

No. Only 'Complete' uploads that are not in test mode, are recorded in the PMHC MDS.

See [Viewing Previous Uploads](#).

### **3.2.3.12. Will valid data be accepted if there are errors in the file?**

For example, if we upload 200 lines of service contacts, and there are validation errors in 10 lines - will 190 lines be accepted?

No. All files and records in an upload have to validate before any data is accepted.

### **3.2.3.13. If validation rules change how will you treat legacy data?**

When implementing new validation rules or changing existing rules, where possible we prefer to enforce the new rules as of a certain date.

For example, if a data field that is now optional where to be made mandatory, we would specify that it was mandatory as of a particular date. For any data previous to that date the field could still be optional, but for any data after that date the field would be mandatory.

### **3.2.3.14. I am receiving an upload error that has a code that is not in my records. What should I do now?**

We have implemented an upload error log that reports when an error is not providing the relevant details. The error log code will be reported to the user after the error message, for example [ABC123ZY]

The [AW97AZRX] error code refers to our internal error log. With this error code, we will be able to quickly source you the relevant key details for this record. And this error log is also reviewed by our developers to diagnose and fix the specific error to ensure that the system reports the relevant details/keys for future uploads.

If you receive this types of errors message, please email the PMHC Helpdesk on [support@pmhc-mds.com](mailto:support@pmhc-mds.com) and provide a copy of the entire error message along with the error code.

### **3.2.3.15. I am receiving an unknown error in my records. How can I fix this?**

If you receive an 'unknown error' message, please email the PMHC Helpdesk on [support@pmhc-mds.com](mailto:support@pmhc-mds.com) and provide a copy of the error email, and/or a screenshot if possible. The error email is very important for the Helpdesk to quickly identifying the error and to provide you with a clear response on how to rectify the data issue.

### **3.2.3.16. Why am I receiving an error saying I don't have permission to upload organisation data?**

If you receive an error message stating 'Upload file contains organisations data, but user doesn't have Organisation Management role' you do not have permission to upload organisation data. (The Organisation Management role is only available for PHN users - see [Users Roles](#))

The 'Organisations' data is optional and does not need to be included in an upload file. Please delete the 'Organisations' worksheet/file from your upload.

### **3.2.3.17. Why am I receiving an error saying 'Could not find worksheet [Name]'?**

This error occurs when you are uploading an Excel spreadsheet. The worksheet names need to exactly match the name in the 'Excel worksheet name' column of the 'Summary of files to upload' table at [Files or worksheets to upload](#). If all the required worksheets are not present you will receive the error above.

### **3.2.3.18. Why am I receiving an error saying 'Invalid version line in worksheet [Name]'?**

The top line of the worksheet must include the following columns:

Version	1.0
---------	-----

### **3.2.3.19. Why am I receiving an error saying 'Column [Name] is not valid'?**

Each item is a column in the file/worksheet. The 'Field Name' should be used for the column headings. These values can be found at [File format](#), or listed on the provided example file at [Files or worksheets to upload](#). If the Column [Name] doesn't match identically you will receive the error above.

### **3.2.3.20. Why am I receiving an error saying 'Organisation\_path is not valid on row ....'?**

The organisation path provided does not map to a valid organisation. The format should be a combination of your PHN key and the provider organisation key, separated with a colon. Example PHN\_key:POrg\_key. If the organisation path doesn't match identically you will receive the error above.

### **3.2.3.21. Why am I receiving an error saying 'Invalid version number on row 1'?**

You need to record a valid version number on row 1, in column 2. Column one will include the word Version, Column two should include a number. We are currently only accepting Version 1, or Version 1.X eg 1.0 or 1.1 . If the version number doesn't match identically you will receive the error above.

### **3.2.3.22. Why am I receiving an error saying 'Column [Name] is required on row ...'?**

There is a required field that has not been entered. If not supplied, insert the default 'Missing' or 'Not recorded' value. These values can be found at [Record formats](#). If the Column [Name] is blank in a mandatory field you will receive the error above.

### **3.2.3.23. Why am I receiving an error saying 'Invalid file ...'?**

The system is having trouble identifying your upload file. Please provide a copy of your upload file to [support@pmhc-mds.com](mailto:support@pmhc-mds.com).

### **3.2.3.24. Why am I receiving an error saying 'Could not parse worksheet [Name]: Bad request at ...'?**

Something has gone wrong with the upload. Please contact [support@pmhc-mds.com](mailto:support@pmhc-mds.com).

### **3.2.4. Capturing additional data**

#### **3.2.4.1. It seems that the data being collected is quite limited, would it not be useful to collect more detailed information?**

The development of the minimum dataset balanced the ideal against what was realistic, given that any additional data item places extra burden on those collecting and entering data.

Organisations may collect extra information for their own analysis however this information does not need to be submitted to the PMHC MDS.

Refer to [What are the options where the information collected does not fit into the available fields?](#)

#### **3.2.4.2. The information collected does not fit into the available fields. Can we add another option?**

The development of the minimum dataset balanced the ideal against what was realistic, given that any additional data item places extra burden on those collecting and entering data.

See [What are the options where the information collected does not fit into the available fields?](#) and [Can the PMHC MDS capture and record additional data?](#)

#### **3.2.4.3. Can the PMHC MDS capture and record additional data?**

The PMHC MDS is designed to monitor and evaluate regional service delivery against key mental health performance indicators and can not capture and record additional data outside the [Data model](#).

The PMHC MDS does not confine PHNs to the data specified. Rather, it sets the minimum and common ground for what data are to be collected and reported for mental health services commissioned by PHNs.

It is anticipated that many PHNs will seek to collect and manage an enhanced set of data to meet local needs, however this data will not be submitted to the MDS.

Refer to [It seems that the data being collected is quite limited, would it not be useful to collect more detailed information?](#)

### **3.2.5. Checking data**

#### **3.2.5.1. Who should be checking data?**

Each individual organisation is responsible for checking their data in the MDS to confirm its accuracy and completion. It is advisable that this review is undertaken regularly to ensure data integrity and avoid widespread errors.

### **3.2.5.2. How can I run a report?**

If you can see the reports tab you will be able to run a report.

Refer to [Reports](#).

### **3.2.5.3. How can I view the rules of a report?**

Each report has its own rules. If you are not sure what data is displayed in a report, please click on the 'Counting Rules Explained' link displayed after running a report.

Refer to [How to produce a report](#).

### **3.2.5.4. What are the types of system reports?**

The reports are grouped into different categories, each designed to serve different purposes.

Refer to [Types of System Reports](#)

### **3.2.5.5. How can I view all data?**

To access your data in full, you can download your data.

Refer to [Data Extract](#).

## **3.2.6. Storing data relating to the minimum dataset system**

### **3.2.6.1. After entering data in the MDS how long should I store my hardcopy and/or electronic files?**

There is no set time limit; however, it is recommended that you archive this data and keep it secure for at least two years. As with all electronic data (including MDS) there is a risk of corruption - whether it is due to a system bug or human error. The MDS stores the original upload files as well as the data that has been imported into the database, however it is always good to keep the original data as a backup to either check details against or re-enter, if needed.

## **3.2.7. Development of the PMHC Minimum Data Set**

### **3.2.7.1. Stage Two**

#### **3.2.7.1.1. When is Stage Two of development going to be implemented?**

Stage Two development has been split into several components as outlined below:

- [Data Entry Interface](#)

- [Reporting](#)

Regularly check the announcements on the [PMHC MDS home page](#) to keep informed of development releases.

### **3.2.7.1.2. Data Entry Interface**

In order to get Data Entry functionality to PHNs as soon as possible, the development of this feature was split into several components.

The remaining features will be rolled out iteratively over the following months, and will be:

- SDQ Data Entry Interface (Currently development is on hold until the Department finalises licensing requirements)
- Develop pre-filled fields for interrelated field specifications
- Ability to merge duplicate client records
- An Online K5, K10+, and SDQ Outcome Measures Self-Service Interface

Regularly check the announcements on the [PMHC MDS home page](#) to keep informed.

### **3.2.7.1.3. Reporting**

The following reports will be rolled out iteratively over the following weeks:

- Category D reports: Key Performance Indicators

The Department will consider local reporting requirements in the next phase of reviewing current reporting functionality.

The [Types of System Reports](#) that are currently available are:  
\* Category A: Monitoring progress of MDS implementation  
\* Category B: Monitoring overall service delivery  
\* Category C: Monitoring implementation of stepped care  
\* Category E: Reports for data managers to monitor data supply

Regularly check the announcements on the [PMHC MDS home page](#) to keep informed on development updates.

### **3.2.7.1.4. Master Client Index**

Current development for the Master Client Index is on hold.

Refer to the recent Department announcement on the [INFORMATION and ACTION: PHN CEO - Primary Mental Health Care Minimum Data Set Update | June 21, 2017](#).

## **3.2.8. PMHC mailing list**

### **3.2.8.1. How can I be advised of any changes to the MDS?**

When changes are made to the MDS we alert all users via an email list. MDS users are automatically added to this list, however sometimes other Primary Health Network or Provider Organisation staff who do not have accounts wish to be informed of updates.

If you would like to be added to the mailing list please email [support@pmhc-mds.com](mailto:support@pmhc-mds.com).

### **3.2.8.2. I have an MDS account but don't receive update emails.**

Please check that we have your correct email address. Refer to [Updating your details](#)

Mailing list emails will be sent from [support@pmhc-mds.com](mailto:support@pmhc-mds.com). Please make sure this is not being caught in any spam filters.

### **3.2.8.3. I no longer wish to receive PMHC update emails. How can I be removed from the list?**

Please email [support@pmhc-mds.com](mailto:support@pmhc-mds.com) and ask to be removed from the mailing list.

### **3.2.8.4. I am a third-party software developer developing code to assist with uploading data to the MDS. Can I be informed of updates to the MDS?**

Yes, we have a mailing list specifically for third-party developers.

Please email [support@pmhc-mds.com](mailto:support@pmhc-mds.com) and ask to be added to the developers mailing list. Please provide us with a generic address that will survive staffing changes.

## **3.2.9. Getting Help**

A dedicated **Helpdesk** is available to support Primary Health Networks and Provider Organisations implementing PMHC in relation to the minimum dataset system. All enquiries should be directed to: [support@pmhc-mds.com](mailto:support@pmhc-mds.com).

## **3.3. Frequently Asked Questions Change log**

### **3.3.1. 14/3/2019**

#### **3.3.1.1. System - Uploading data**

- Added the question [Why am I receiving an error saying I don't have permission to upload organisation data?](#)
- Updated the question [How do I fix upload file errors?](#)
- Moved error messages from the Upload User Guide to [Uploading Data FAQs](#)

#### **3.3.1.2. System - Checking Data FAQs**

- Added the question [How can I run a report?](#)

- Added the question [How can I view the rules of a report?](#)
- Added the question [What are the types of system reports?](#)

### **3.3.1.3. System - Development FAQs**

- Updated the section [Development of the PMHC Minimum Data Set](#)

## **3.3.2. 11/9/2018**

### **3.3.2.1. System - Access FAQs**

- Updated the question to [How do I get started using the MDS?](#)

### **3.3.2.2. System - Development FAQs**

- Updated the section [Development of the PMHC Minimum Data Set](#)

## **3.3.3. 23/7/2018**

### **3.3.3.1. System - Development FAQs**

- Updated the question to [Reporting - Development of the PMHC Minimum Data Set](#)

## **3.3.4. 13/3/2018**

### **3.3.4.1. Concepts Processes - Specific Data Items and Definitions**

- Added the question [One episode of care at a time: We have clients who are receiving treatment at multiple programs and require multiple episodes with different 'Principal Focus of Treatment Plan'. The PMHC MDS only allows one episode at a time for each client, defined at the level of the provider organisation. What do we do?](#)

### **3.3.4.2. System - Development FAQs**

- Updated the question to [Reporting](#)

## **3.3.5. 19/1/2018**

### **3.3.5.1. Concepts Processes - Outcome Measures FAQs**

- Fixed a spelling error in K5 for Aboriginal and Torres Strait Islander population

### **3.3.6. 22/12/2017**

#### **3.3.6.1. System - Development FAQs**

- Updated the question to [Reporting](#)

### **3.3.7. 08/12/2017**

#### **3.3.7.1. System - Data Entry FAQs**

- Added the question [How can I close an episode?](#)
- Updated the question [How do I enter a referral?](#)

### **3.3.8. 20/11/2017**

#### **3.3.8.1. System - Data Entry FAQs**

- Updated the question [How can I delete a record I incorrectly entered?](#)
- Updated the question [How can I edit a record's identifying key?](#)
- Updated the question [How do I enter a SDQ measure?](#)

#### **3.3.8.2. System - Upload FAQs**

- Updated the question [How can I delete a record I have previously uploaded?](#)

#### **3.3.8.3. System - Development FAQs**

- Updated the question to [Data Entry Interface](#)

### **3.3.9. 03/10/2017**

#### **3.3.9.1. System - Data Entry FAQs**

- Updated the question [Do I enter a Service Contact when a client doesn't show up for the session?](#)
- Updated the question [How do I enter a K10+, or K5?](#)
- Added the question [How do I enter a SDQ measure?](#)

#### **3.3.9.2. System - Uploading data FAQs**

- Added the question [I am receiving an upload error that has a code that is not in my records. What should I do now?](#)
- Added the question [I am receiving an unknown error in my records. How can I fix this?](#)

### **3.3.10. 12/9/2017**

#### **3.3.10.1. System - Uploading data FAQs**

- Added the section [Should an upload file only contain new or changed data or should it contain all cumulative data from the start of service delivery?](#)
- Removed the section 'Should an upload file include all service contacts and measures for an episode every time?'
- Removed the section 'Do I need to include all service contacts and measures for an episode in an file?'
- Added the section [Will valid data be accepted if there are errors in the file?](#)

### **3.3.11. 30/8/2017**

#### **3.3.11.1. System - Data Entry FAQs**

- Updated the question [What is the best way to manage the client key?](#)
- Updated the question [Can you suggest a best practice approach to managing client keys?](#)
- Updated the question [How will the Master Client Index work?](#)
- Added the question [How do I find or create a Client's Statistical Linkage Key \(SLK\)?](#)
- Added the question [How do I enter a referral?](#)
- Added the question [How do I enter a K10+, or K5?](#)
- Added the question [Do I enter a Service Contact when a client doesn't show up for the session?](#)
- Added the question [If the client is referred elsewhere \(e.g. not suitable for this service\) should this be recorded?](#)
- Added the question [I have an error message but no idea what it means or how to fix it. What should I do?](#)
- Added the question [How do I find what my Practitioner Key is?](#)
- Added the question [How do I find what the Episode Key, Service Contact Key and Outcome Collection Occasion Key is?](#)
- Added the question [How can I delete a record I incorrectly entered?](#)
- Added the question [How can I edit a record's identifying key?](#)

#### **3.3.11.2. System - Development FAQs**

- Updated the section [Development of the PMHC Minimum Data Set](#)

#### **3.3.11.3. System - Upload FAQs**

- Added the question 'Do I need to include all service contacts and measures for an episode in an file?'
- Added the question [How can I edit a record I have previously uploaded?](#)
- Added the question [How can I view my uploaded data?](#)
- Added the question [How can I delete a record I have previously uploaded?](#)
- Added the question [How do I upload the individual CSV files?](#)
- Added the question [How do I fix upload file errors?](#)
- Added the question [How do I fix data errors in an upload?](#)

- Added the question [Has my data uploaded if my file has an error status?](#)

### **3.3.12. 28/7/2017**

#### **3.3.12.1. System - Development FAQs**

- Updated the section [Development of the PMHC Minimum Data Set](#)

### **3.3.13. 26/6/2017**

#### **3.3.13.1. System - Development FAQs**

- Updated the section [Development of the PMHC Minimum Data Set](#)
- Removed the question *What features will be included in Stage Two development?*
- Added the section [Reporting](#)

### **3.3.14. 21/6/2017**

#### **3.3.14.1. System - Development FAQs**

- Updated the question to [Data Entry Interface](#)

### **3.3.15. 6/7/2017**

#### **3.3.15.1. System - Data Entry FAQs**

- Added the question to [Why is an episode showing as uncommenced?](#)

#### **3.3.15.2. System - Development FAQs**

- Added the question to [Data Entry Interface](#)
- Added the question to [Master Client Index](#)

#### **3.3.15.3. System - Upload FAQs**

- Added the question to [How can I review why the status of my upload file shows error?](#)

### **3.3.16. 1/5/2017**

#### **3.3.16.1. System - Data Entry FAQs**

- Refined the answer to [Can I go back and enter information if I don't have it at the time?](#)

#### **3.3.16.2. System - Development FAQs**

- Refined the answer to [When is Stage Two of development going to be implemented?](#)

### **3.3.17. 10/3/2017**

#### **3.3.17.1. Concepts Processes - Outcome Measures FAQs**

- Refined the answer to [MHNIP outcome measures](#)

#### **3.3.17.2. Concepts Processes - Scope FAQs**

- Added the question [Are services previously delivered under MHNIP expected to collect the PHMC MDS?](#)

#### **3.3.17.3. System - Access FAQs**

- Added the question [I do not have a work mobile. What do I do?](#)
- Added the question [Are services previously delivered under MHNIP expected to collect the PHMC MDS?](#)
- Added the question [Can I invite different users by using the same mobile?](#)
- Refined the answer to [What can a user see in the MDS?](#)
- Added the question [What should I do if a user didn't receive the email invitation?](#)
- Added the question [Can I add an existing user to another PHN or Provider Organisation?](#)
- Added the question [Why did I get this message when inviting a user - '500 Internal Server Error: Inviting user failed: An outstanding PMHC MDS invite exists'?](#)
- Added the question [What should I do if a user didn't receive the email invitation?](#)
- Added the question [What should I do if a user didn't receive the invitation SMS token?](#)
- Added the question [What should I do if a user deleted the email invitation or the SMS token?](#)
- Refined the question [I'm a third-party software developer developing software to assist with uploading data to the MDS. Can I have an account to test my data uploads?](#)

#### **3.3.17.4. System - Data Entry FAQs**

- Added the question [Can I enter fictitious data as a part of testing?](#)
- Added the question [Where do I enter MHNIPS data collection?](#)
- Added the question [Can the PMHC MDS capture and record additional data?](#)
- Added the question [Why can't we use the SLK as the client key?](#)

#### **3.3.17.5. System - Development FAQs**

- Added the question [When is Stage Two of development going to be implemented?](#)
- Added the question [What features will be included in Stage Two development?](#)

#### **3.3.17.6. System - Uploading FAQs**

- Added the question [How can I view my uploaded data?](#)

### **3.3.18. 8/2/2017**

- Made the 'Department response to issues raised by PHNs' document the [Concepts and Processes Frequently Asked Questions](#) subsection in the online Frequently Asked Questions
- Moved the current Frequently Asked Questions section into the [System Frequently Asked Questions](#) subsection in the online Frequently Asked Questions