Australian Government
Department of Health

PMHC-MDS Data Specification

Version 4.0.5

Warning

As of 1 November 2024, the PMHC MDS will accept uploads in both the newer (version 4.1) format and this version 4.0 format. (read more...) This version 4.0 format has been marked for end-of-life on 1 May 2025. After this date uploads will no longer be accepted in the version 4.0 format.

As at 6 February, 2025

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1. Introduction

Version 4.0 introduces the recording of intake related activity (including activity for the Head to Health and AMHC programmes) in the PMHC MDS as part of the core specification.

The new version 4 specification comprises 4 entirely new tables, and the revised collection occasion/measure tables that have been included in the the Wayback and HeadtoHelp extension specifications.

The new tables are Intake, IAR-DST, Intake Episode, Service Contact Practitioner.

1.1. Contexts

There are three contexts where data can be submitted using the version 4 specification:

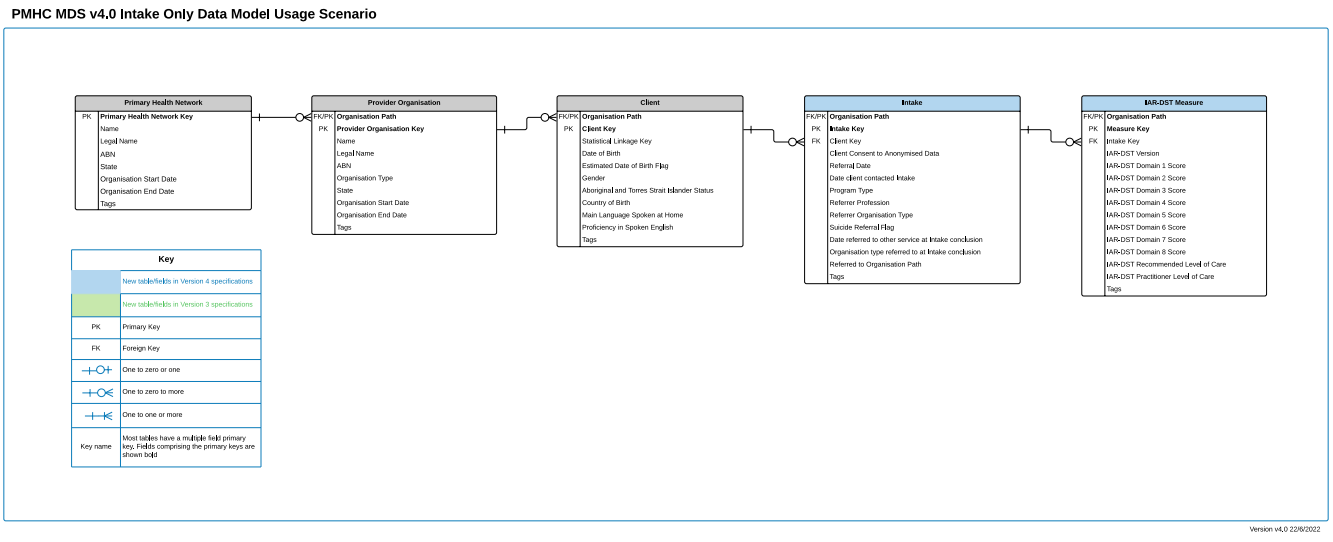
1. Intake teams
2. Treatment organisations
3. Combined Intake/Treatment organisations

Different records in the specification are intended to be used in each of these contexts.

Within the PMHC-MDS system a single intake team and individual service providers/treatment organisations will each have their own organisation path and report data against those organisations.

1.1.1. Intake Context

Where an organisation is only providing intake services and not providing any treatment services, they can use the following data model to submit data to the PMHC MDS:



In the Intake context the following records will need to be provided:

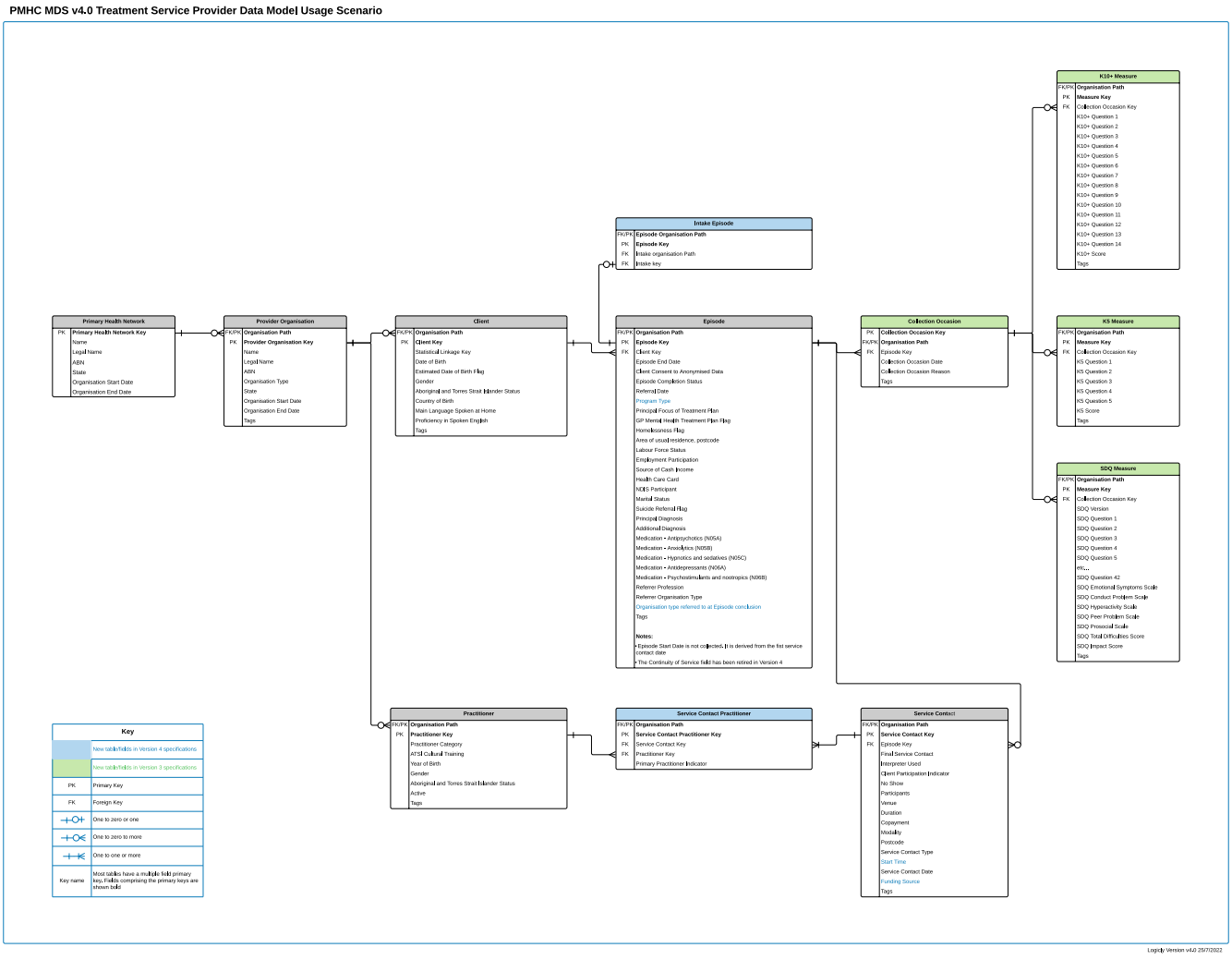
- Client
- Intake
- IAR-DST

Episode and Service contact activity is not submitted in this context.

The collection of Intake and IAR data may not be required for all programs. Please see Intake.

1.1.2. Treatment Service Provider Context

Where an organisation is only providing treatment services and not providing any intake services, they can use the following data model to submit data to the PMHC MDS:

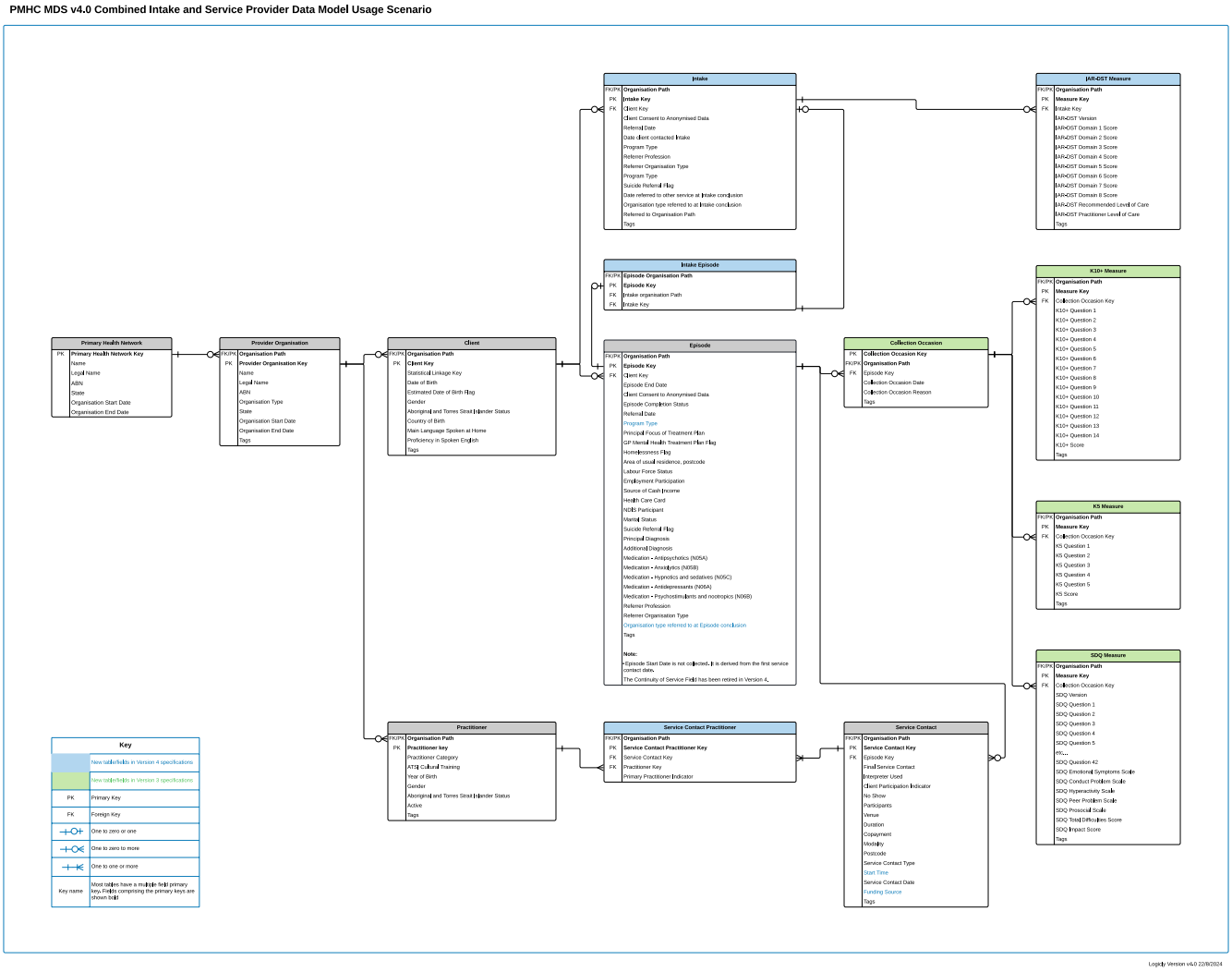


In the treatment context the specification works almost the same as a service reporting via the Version 2 core PMHC-MDS specification using the new Intake Episode record to identify additional detail regarding referrals in from the intake teams (Intake Organisation Path and Intake Key), referrals out to additional services (Organisation type referred to at Episode conclusion), and the involvement of multiple practitioners in service contacts (Service Contact Practitioner) which allows multiple endorsements.

Intake and IAR-DST activity is not submitted in this context.

1.1.3. Combined Intake/Treatment Context

Where an organisation is providing both intake services and treatment services, they can use the full data model to submit data to the PMHC MDS:



In the combined context all the records described in both the Intake Context and Treatment Service Provider Context can be submitted.

1.2. New Records and Fields in Version 4

1.2.1. Intake

The model now records a new Intake record where an episode has undertaken an Intake process. The collection of Intake and IAR data may not be required for all programs. Please see Intake.

The Intake table records information about the intake.

Organisation Path and Intake Key are the two fields required to link the Intake record at the intake provider organisation to the Episode record at the treatment organisation.

The values of these fields should be passed along by the intake organisation to the treatment organisation where the treatment organisation will use them to fill in Intake Organisation Path and Intake Key. This will then link the Intake record at the intake organisation with the Episode record at the treatment organisation.

1.2.2. IAR-DST Measure

The model now captures the domains and the recommended level of care pertinent to the IAR-DST that clients have completed for them as part of the intake process. A new IAR-DST record will be created for each intake process.

Consistent with the existing measures in the MDS, the domain scores will be captured as well as the recommended level of care. The purpose of collecting both domain scores and recommended level of care is to:

- allow verification of IAR-DST scoring processes, thereby catching scoring implementation errors early should they arise, and
- provide a resource that can be used to better understand how the IAR-DST scoring algorithm performs in real world environments supporting ongoing improvement of the tool.

The collection of Intake and IAR data may not be required for all programs. Please see Intake.

1.2.3. Episode and Intake Episode

When the client is referred to a PMHC MDS reporting treatment service a new Episode record is created.

Where the client has been referred via an intake process, an additional Intake Episode record is also created.

The Intake Episode table comprises a composite foreign key to link it back to an episode record on which all the episode information is recorded. This linkage is done via two fields:

1. The identifier of the intake team (Intake Organisation Path)
2. The episode identifier of the intake team (Intake Key)

The Episode record has been expanded with one new field - the organisation(s) to which the organisation refers the client (Organisation type referred to at Episode conclusion)

The collection of Intake and IAR data may not be required for all programs. Please see Intake.

1.2.4. Entering/Uploading Intake and Episode data

When entering or uploading Intake and Episode data, the PMHC MDS does not validate that an Intake record exists when an Intake Episode record is uploaded. They can be uploaded independently of each other. There is a planned suite of reports that will allow organisations to identify Intake and Episode records that are not linked.

1.2.5. Service Contact

The Service Contact record has been expanded with two new fields:

1. The time that the contact started (Start Time). This is intended to enable identification of activity undertaken during extended hours.
2. The funding source for the service contact (Funding Source)

1.2.6. Service Contact Practitioner

A new record - Service Contact Practitioner replaces the Practitioner Key field on the Version 2 Service Contact record.

Service Contact Practitioner acknowledges the involvement of multiple practitioners in a service contact. One practitioner (and only one) must be identified as the primary practitioner.

1.3. Data release and confidentiality

All data collection and reporting requirements are required to comply with relevant Commonwealth, State and Territory Information Privacy and Health Records regulations. Clients will be informed that some de-identified portions of the information collected through the PMHC MDS Service will be utilised for Commonwealth, State and Territory planning and statistical purposes. Appropriate consent and ethics approval processes will be adhered to.

2. Changes and Upgrading from Version 2

Version 4.0 introduces the recording of intake related activity (including activity for the Head to Health and AMHC programmes) in the PMHC MDS as part of the core specification.

There are three contexts where data can be submitted using the version 4 specification:

- Intake teams
- Treatment organisations
- Combined Intake/Treatment organisations

Please refer to Contexts for further information about these contexts.

2.1. Data Specification Changes

A summary of the changes between the PMHC MDS Version 2.0 and PMHC MDS Version 4.0 data specifications are as follows:

- Version 4.0 introduces the concept of an Intake
- In order to support the Intake concept three records have been added:
    - For the Intake context - Intake, IAR-DST
    - For the Treatment context - Intake Episode
    - All three records are required in the combined Intake/Treatment context
- The data model has been upgraded to allow multiple practitioners to be associated with a Service Contact. To support this an extra record, Service Contact Practitioner has been introduced.
- The following new fields will be added to the Episode record:
    - Program Type
    - Organisation type referred to at Episode conclusion
- The following field has been retired from the Episode record:
    - Continuity of Support
- The *8: Psychosocial Support* response has been removed from the Principal Focus of Treatment Plan. Psychosocial intakes and episodes should now be reported using the *Psychosocial* response on Program Type on the Intake and Episode.
- The following new fields will be added to the Service Contact record:
    - Start Time
    - Funding Source
- Version 4 uses the same collection occasion and measures model as the Version 3 HeadtoHelp and Wayback extensions.

Collection occasion and measures data has been separated into separate collection occasion and measures records and upload files/worksheets so that multiple measures can be collected at a single collection occasion. The Collection Occasion record retains the Episode Key, Date and Reason for Collection. Separate records exist for the K10+, K5 and SDQ measures. Each of these measures records contain the Collection Occasion Key, a Measure Key, and item/subscale/total scores for the particular measure.

In order to support both Version 2 and Version 3 data specifications, the PMHC MDS has been converting data uploaded using the Version 2 upload format to be stored in the Version 3 format. In order to do this, the PMHC MDS has been creating Measure Keys for any Version 2 supplied data. These look like random uuid strings and can be viewed through the Data Entry interface or by downloading the data in a non Version 2 format.

As the PMHC MDS has been auto creating Measure Keys, in order to upgrade from Version 2 uploads to Version 4 uploads some work will be involved to ensure that, for existing data, the Measure Keys supplied in the Version 4 upload, matches the Measure Keys already stored in the PMHC MDS. Please refer to Steps required to upgrade to Version 4 uploads *below for an explanation of the different options available.*

2.2. Upload Specification Changes

The Version 2.0 specification allowed the following worksheets and columns:

PMHC MDS v2.0.0 Upload Columns

Metadata	Organisations	Clients	Episodes	Service Contacts	K10+	K5	SDQ	Practitioners
key	organisation_path	organisation_path	organisation_path	organisation_path	organisation_path	organisation_path	organisation_path	organisation_path
value	organisation_key	client_key	episode_key	service_contact_key	collection_occasion_key	collection_occasion_key	collection_occasion_key	practitioner_key
	organisation_name	slk	client_key	episode_key	episode_key	episode_key	episode_key	practitioner_category
	organisation_legal_name	date_of_birth	episode_end_date	practitioner_key	measure_date	measure_date	measure_date	atsi_cultural_training
	organisation_abn	est_date_of_birth	client_consent	service_contact_date	reason_for_collection	reason_for_collection	reason_for_collection	practitioner_year_of_birth
	organisation_type	client_gender	episode_completion_status	service_contact_type	k10p_item1	k5_item1	sdq_version	practitioner_gender
	organisation_state	client_atsi_status	referral_date	service_contact_postcode	k10p_item2	k5_item2	sdq_item1	practitioner_atsi_status
	organisation_start_date	country_of_birth	principal_focus	service_contact_modality	k10p_item3	k5_item3	sdq_item2	practitioner_active
	organisation_end_date	main_lang_at_home	mental_health_treatment_plan	service_contact_participants	k10p_item4	k5_item4	sdq_item3	practitioner_tags
	organisation_tags	prof_english	homelessness	service_contact_venue	k10p_item5	k5_item5	sdq_item4	
		client_tags	client_postcode	service_contact_duration	k10p_item6	k5_score	sdq_item5	
			labour_force_status	service_contact_copayment	k10p_item7	k5_tags	sdq_item6	
			employment_participation	service_contact_participation_indicator	k10p_item8		sdq_item7	
			income_source	service_contact_interpreter	k10p_item9		sdq_item8	
			health_care_card	service_contact_no_show	k10p_item10		sdq_item9	
			ndis_participant	service_contact_final	k10p_item11		sdq_item10	
			marital_status	service_contact_tags	k10p_item12		sdq_item11	
			suicide_referral_flag		k10p_item13		sdq_item12	
			principal_diagnosis		k10p_item14		sdq_item13	
			additional_diagnosis		k10p_score		sdq_item14	
			medication_antipsychotics		k10p_tags		sdq_item15	
			medication_anxiolytics				sdq_item16	
			medication_hypnotics				sdq_item17	
			medication_antidepressants				sdq_item18	
			medication_psychostimulants				sdq_item19	
			referrer_profession				sdq_item20	
			referrer_organisation_type				sdq_item21	
			continuity_of_support				sdq_item22	
			episode_tags				sdq_item23	
							sdq_item24	
							sdq_item25	
							sdq_item26	
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							sdq_item39	
							sdq_item40	
							sdq_item41	
							sdq_item42	
							sdq_emotional_symptoms	
							sdq_conduct_problem	
							sdq_hyperactivity	
							sdq_peer_problem	
							sdq_prosocial	
							sdq_total	
							sdq_impact	
							sdq_tags	

Logicly Version v2.0 18/7/2022

Fig. 2.1 *PMHC MDS Version 2.0.0 upload columns*

The Version 4 specification allows for different files/worksheets to be uploaded depending on whether the organisation is an Intake team, Treatment Service Provider or a combined Intake/Treatment Service Provider. Please refer to Contexts for further information about these contexts.

The following table shows the Version 4.0 combined Intake/Treatment Service Provider specification and notes the differences between the Version 2 specification:

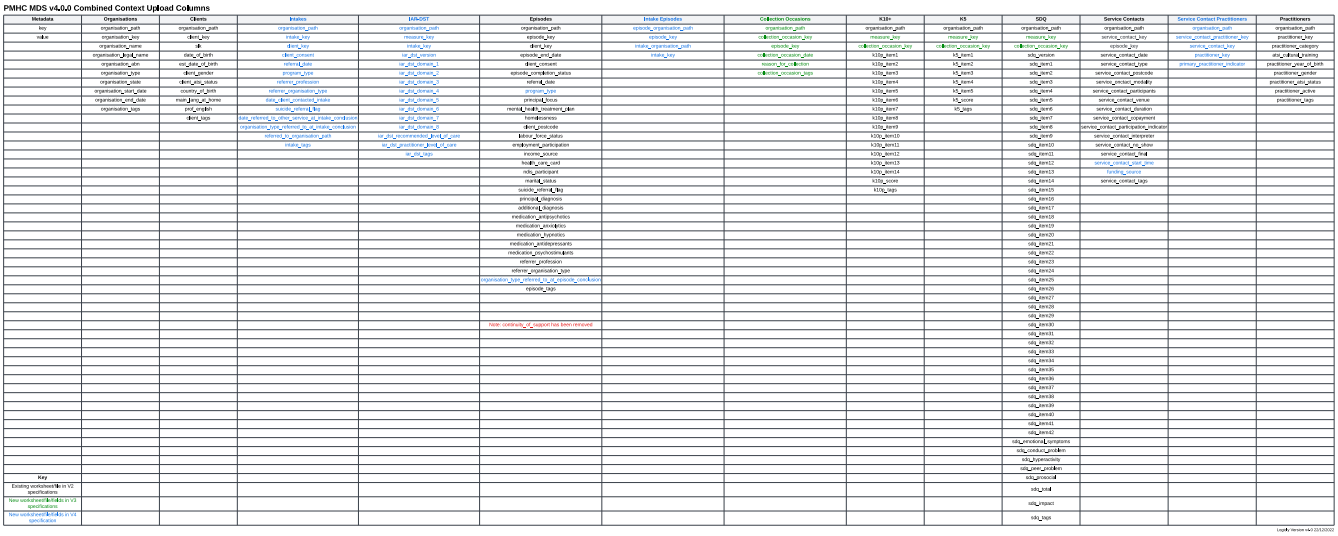

Fig. 2.2 *PMHC MDS Version 4.0.0 combined context upload columns*

2.3. Mapping HeadtoHelp Episode - Referral Out Organisation Type to Organisation Type Referred to at Intake Conclusion

During the migration to Version 4 and when HeadtoHelp specifcation files are uploaded during the period when both HeadtoHelp and Version 4 specification files are accepted by the PMHC MDS, the HeadtoHelp Episode - Referral Out Organisation Type will be mapped to Organisation type referred to at Intake conclusion as follows:

	HeadtoHelp Episode - Referral Out Organisation Type		Organisation Type Referred to at Intake Conclusion
0	None/Not applicable	97	No Referral
1	General Practice	1	GP/Medical Practitioner
2	Medical Specialist Consulting Rooms	41	Medical specialist
3	Private practice	3	Psychiatric/mental health service or facility
4	Public mental health service		
5	Public Hospital	2	Hospital
6	Private Hospital		
7	Emergency Department		
8	Community Health Centre	5	Other community/health care service

	HeadtoHelp Episode - Referral Out Organisation Type		Organisation Type Referred to at Intake Conclusion
9	Drug and Alcohol Service	4	Alcohol and other drug treatment service
10	Community Support Organisation NFP	11	Community support groups/agencies
11	Indigenous Health Organisation	21	Indigenous service (non-AOD)
12	Child and Maternal Health	29	Maternal and Child Health Service
13	Nursing Service	30	Community nursing service
14	Telephone helpline	14	Telephone & online services/referral agency e.g. direct line
15	Digital health service		
16	Family Support Service	32	Family support service (excl family violence)
17	School	18	School/other education or training institution
18	Tertiary Education institution		
19	Housing service	13	Housing and homelessness service
20	Centrelink	12	Centrelink or employment service
21	Other	98	Other
22	HeadtoHelp Hub	44	HeadtoHelp / HeadtoHealth
23	Non HeadtoHelp Hub PHN funded service	43	Other PHN funded service
99	Not stated	99	Not stated/Inadequately described

2.4. Steps required to upgrade to Version 4 uploads

1. Upgrade your Client Management System to export files in the new Version 4 format
2. As explained above, in order to support both Version 2 and Version 3 uploads the PMHC MDS has been auto creating measure keys where data is supplied in the Version 2 format. Also, during the migration to Version 4, Service Contact Practitioner Keys will be auto generated.

   In order to update existing measure data and Service Contact Practitioner data, when uploading in Version 4, the existing measure key or service contact practitioner key will need to be supplied, otherwise a separate measure or service contact practitioner record will be created.

   Where data has been uploaded using a previous specification organisations will need to do one of the following:

- Download their data from the PMHC MDS and sync their local measure/service contact practitioner keys with the keys that were auto created by the PMHC MDS
- Download their data from the PMHC MDS, delete the existing measures/service contact practitioner records, re-upload with new keys
- Download their data from the PMHC MDS, create a mapping document containing the measure/service contact practitioner key as stored in the PMHC MDS and the local key. Email support@pmhc-mds.com and request that the keys are updated according to the mapping.

3. Reporting arrangements

3.1. Reporting data

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

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

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

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

Data may be uploaded in either Excel or CSV format.

3.2. 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.

3.3. Inputs to help replicate system generated reports

This page has been moved to https://docs.pmhc-mds.com/data-specifications.html#inputs-to-help-replicate-system-generated-reports.

3.4. Support arrangements

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

4. Identifier management

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

Where data is being exported from client systems, these keys can be auto generated, providing that a key does not change once it is assigned.

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

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

4.1. Managing Provider Organisation Keys

Provider Organisations will be created and managed by Primary Health Networks (PHNs) via upload or data entry. Each PHN must either create their own Provider Organisations before any data can be uploaded, or if the PHN is uploading the data, the Provider Organisation must be included in the upload.

Each Provider Organisation will need to be assigned a unique key. It is the responsibility of the PHN to assign and manage these keys.

4.2. Managing Client Keys

Client records will be created and managed by Provider Organisations via the upload and/or 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 investigate options for the PMHC MDS implementation of a Master Client Index during Stage Two of development.

4.3. Managing all other entity keys

The following entity keys will be created and managed by Provider Organisations:

- Practitioner Key,
- Intake Key,

- Episode Key,
- Service Contact Key,
- Service Contact Practitioner Key,
- Collection Occasion Key,
- Measure Key.

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'

5. Data model and specifications

5.1. Data model

There are three contexts where data can be submitted using the version 4 specification:

1. Intake teams
2. Treatment organisations
3. Combined Intake/Treatment organisations

Different records in the specification are intended to be used in each of these contexts.

Within the PMHC-MDS system a single intake team and individual service providers/treatment organisations will each have their own organisation path and report data against those organisations.

Below is the combined Intake/Treatment data model. If an Intake only or Treatment only organisation is submitting data, a sub set of this data model may be submitted. Please refer to Contexts for data models of the different contexts that may be submitted.

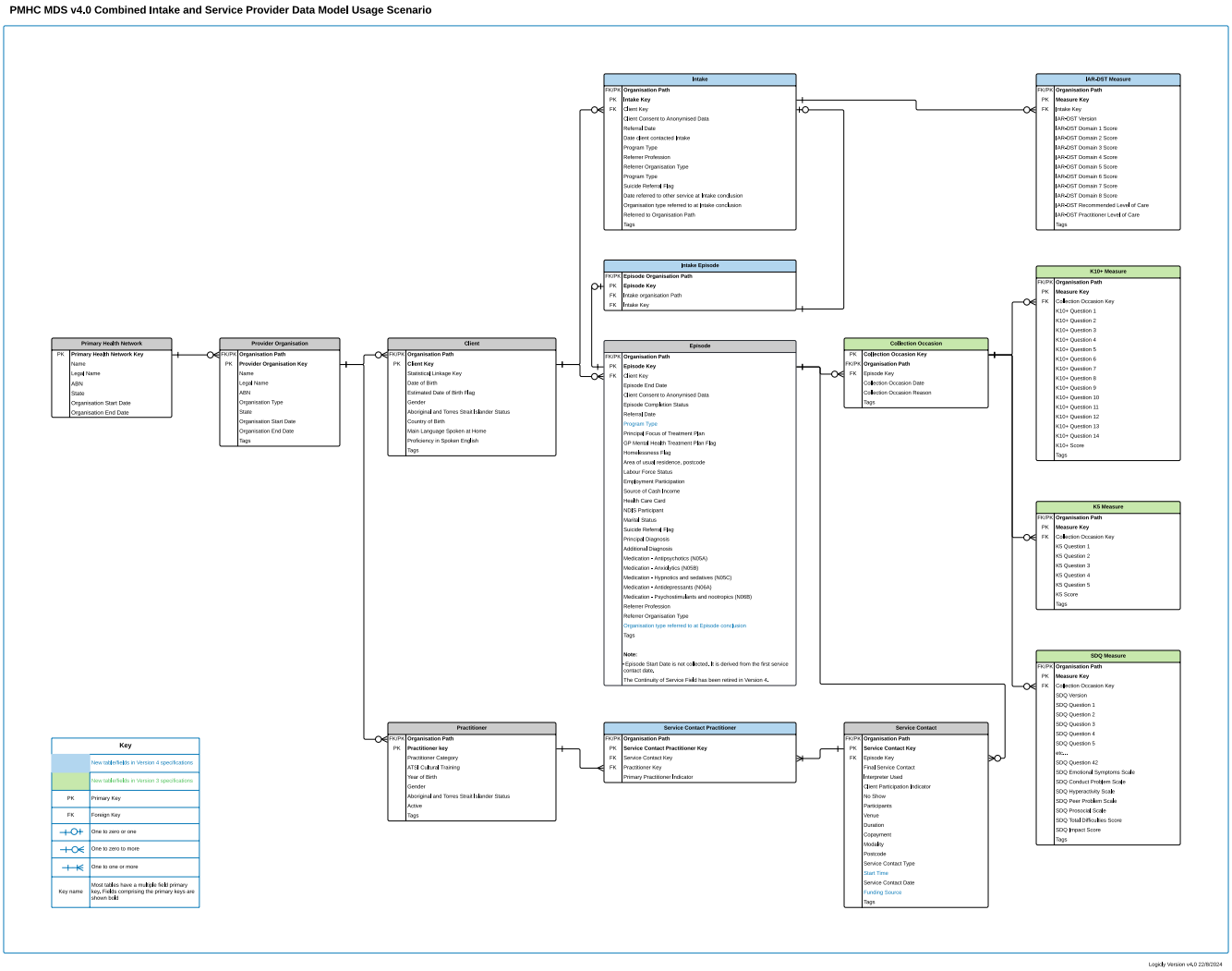

Fig. 5.1 *PMHC MDS Version 4.0 combined data model*

Note

- The above data model diagram is in the SVG format and can be enlarged or zoomed by opening in a new tab or window or by downloading it.

PMHC MDS v4.0 Collection Occasion Data Model

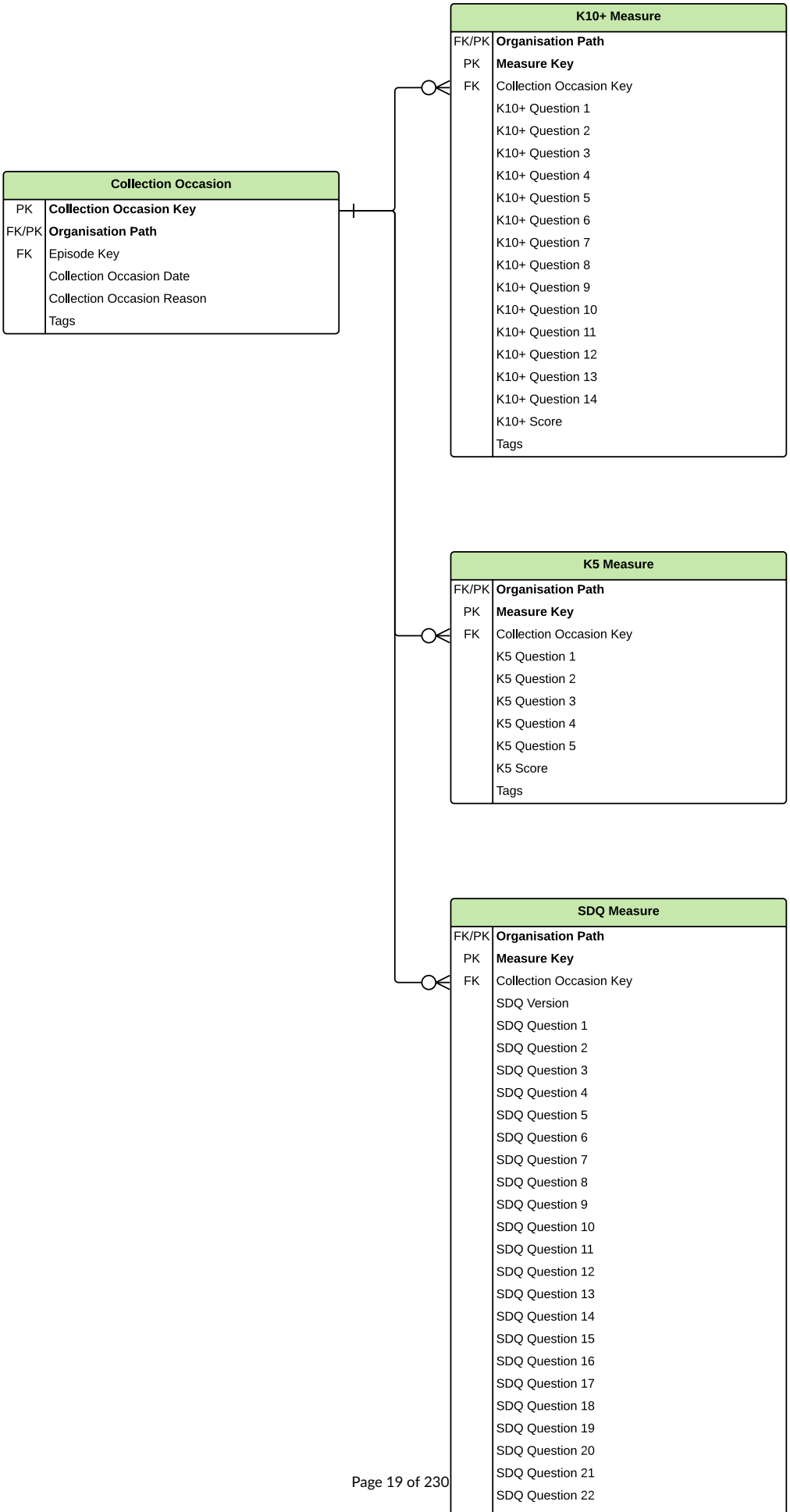

Fig. 5.2 *PMHC MDS Version 4.0 Collection Occasion data model*

Note

See PMHC MDS Version 4.0 combined data model for more details about how Collection Occasion records fit into the overall structure.

5.2. Key concepts

5.2.1. 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.

5.2.2. 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.

5.2.3. Practitioner

The Practitioner is the person who is delivering the service. Multiple practitioners can deliver a service.

See Practitioner for the data elements for a practitioner.

5.2.4. Client

The Client is the person who is receiving the service.

See Client for the data elements for a client.

5.2.4.1. Active Client

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

5.2.5. Intake

For the purpose of the PMHC MDS, an *Intake* is defined as a point of contact between a client and a PHN-commissioned organisation where the client is assessed to determine the appropriate level of care and referred to a service provider to provide clinical care. An Intake may include the collection of an IAR-DST measure.

The collection of Intake and IAR data may not be required for all programs. Please see Intake.

5.2.5.1. Concluded Intake

Concluded intakes are intakes where Organisation type referred to at Intake conclusion is **not** blank.

5.2.6. Intake Episode

The Intake Episode record links an Intake record and an Episode record. It must be provided by the organisation that delivers the episode, not the intake.

5.2.7. 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*.

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

- **One Intake may be associated with each episode.** An episode is not required to be associated with an Intake.
- **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.

5.2.7.1. Open Episode

Open episodes are those with Episode Completion Status recorded as open (Response item 0).

5.2.7.2. Closed Episode

Closed episodes are those with Episode Completion Status recorded using one of the 'Episode closed' responses (Response items 1-6).

5.2.7.3. Active Episode

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

5.2.8. Service Contact

- Service contacts are defined as the provision of a service by one or more PHN commissioned mental health service provider(s) 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.

5.2.8.1. Attended Service Contact

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

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

5.2.9. Service Contact Practitioner

Service Contacts can have more than one practitioner. Practitioners are linked to Service Contacts through Service Contact Practitioner.

One (and only one) practitioner must be specified as the Primary Practitioner for each Service Contact.

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

5.2.10. Collection Occasion

A Collection Occasion is defined as an occasion during an Episode of Care when specific Service Activities are required to be collected. At a minimum, collection 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 Collection Occasion for the data elements for a collection occasion.

5.3. Record formats

5.3.1. Metadata

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

Table 5.1 Metadata record layout

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

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

key	value
type	PMHC
version	4.0

5.3.2. Provider Organisation

See Provider Organisation for the definition of a provider organisation.

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

Table 5.2 Provider Organisation record layout

Data Element (Field Name)	Type (min,max)	Required	Format / Values
Organisation Path (organisation_path)	string	yes	A sequence of colon separated Organisation Keys that fully specifies the Provider Organisation providing a service to the client.
Organisation Key (organisation_key)	string (2,50)	yes	A sequence of characters which uniquely identifies the provider organisation to the Primary Health Network. Assigned by the Primary Health Network.
Name (organisation_name)	string (2,100)	yes	The name of the provider organisation.
Legal Name (organisation_legal_name)	string	—	The legal name of the provider organisation.
ABN (organisation_abn)	string (11)	yes	The Australian Business Number of the provider organisation.
Organisation Type (organisation_type)	string	yes	**1:** Private Allied Health Professional Practice **2:** Private Psychiatry Practice **3:** General Medical Practice **4:** Private Hospital **5:** Headspace Centre **6:** Early Youth Psychosis Centre **7:** Community-managed Community Support Organisation **8:** Aboriginal Health/Medical Service **9:** State/Territory Health Service Organisation **10:** Drug and/or Alcohol Service **11:** Primary Health Network **12:** Medicare Local **13:** Division of General Practice **98:** Other **99:** Missing
State (organisation_state) METeOR: 613718	string	yes	**1:** New South Wales **2:** Victoria **3:** Queensland **4:** South Australia **5:** Western Australia **6:** Tasmania **7:** Northern Territory **8:** Australian Capital Territory **9:** Other Territories
Organisation Start Date (organisation_start_date)	date	yes	The date on which a provider organisation started delivering services.
Organisation End Date (organisation_end_date)	date	yes	The date on which a provider organisation stopped delivering services.
Organisation Tags (organisation_tags)	string	—	List of tags for the provider organisation.

5.3.3. Practitioner

See Practitioner for the definition of a practitioner.

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

Table 5.3 Practitioner record layout

Data Element (Field Name)	Type (min,max)	Required	Format / Values
Organisation Path (organisation_path)	string	yes	A sequence of colon separated Organisation Keys that fully specifies the Provider Organisation providing a service to the client.
Practitioner Key (practitioner_key)	string (2,50)	yes	A unique identifier for a practitioner within the responsible provider organisation. Assigned by either the PHN or Provider Organisation depending on local procedures.
Practitioner Category (practitioner_category)	string	yes	**1:** Clinical Psychologist **2:** General Psychologist **3:** Social Worker **4:** Occupational Therapist **5:** Mental Health Nurse **6:** Aboriginal and Torres Strait Islander Health/ Mental Health Worker **7:** Low Intensity Mental Health Worker **8:** General Practitioner **9:** Psychiatrist **10:** Other Medical **11:** Other **12:** Psychosocial Support Worker **13:** Peer Support Worker **99:** Not stated
ATSI Cultural Training (atsi_cultural_training)	string	yes	**1:** Yes **2:** No **3:** Not required **9:** Missing / Not recorded
Year of Birth (practitioner_year_of_birth)	gYear	yes	gYear
Practitioner Gender (practitioner_gender) ABS	string	yes	**0:** Not stated/Inadequately described **1:** Male **2:** Female **3:** Other

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

5.3.4. Client

See Client for definition of a client.

Clients are managed by the provider organisations via either the PMHC MDS administrative interface or upload.

Table 5.4 Client record layout

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

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

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

Data Element (Field Name)	Type (min,max)	Required	Format / Values
			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

Data Element (Field Name)	Type (min,max)	Required	Format / Values
			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

Data Element (Field Name)	Type (min,max)	Required	Format / Values
			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

Data Element (Field Name)	Type (min,max)	Required	Format / Values
			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

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

Data Element (Field Name)	Type (min,max)	Required	Format / Values
			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

Data Element (Field Name)	Type (min,max)	Required	Format / Values
			6199: Burmese and Related Languages, nec **6201:** Hmong **6299:** Hmong-Mien, nec **6301:** Khmer **6302:** Vietnamese **6303:** Mon **6399:** Mon-Khmer, nec **6401:** Lao **6402:** Thai **6499:** Tai, nec **6501:** Bisaya **6502:** Cebuano **6503:** Ilokano **6504:** Indonesian **6505:** Malay **6507:** Tetum **6508:** Timorese **6511:** Tagalog **6512:** Filipino **6513:** Acehnese **6514:** Balinese **6515:** Bikol **6516:** Iban **6517:** Ilonggo (Hiligaynon) **6518:** Javanese **6521:** Pampangan **6599:** Southeast Asian Austronesian Languages, nec **6999:** Other Southeast Asian Languages **7101:** Cantonese **7102:** Hakka **7104:** Mandarin **7106:** Wu **7107:** Min Nan **7199:** Chinese, nec **7201:** Japanese **7301:** Korean **7901:** Tibetan **7902:** Mongolian **7999:** Other Eastern Asian Languages, nec **8101:** Anindilyakwa **8111:** Maung **8113:** Ngan'gikurunggurr **8114:** Nunggubuyu **8115:** Rembarrnga **8117:** Tiwi **8121:** Alawa **8122:** Dalabon **8123:** Gudanji **8127:** Iwaidja **8128:** Jaminjung **8131:** Jawoyn

Data Element (Field Name)	Type (min,max)	Required	Format / Values
			8132: Jingulu **8133:** Kunbarlang **8136:** Larrakiya **8137:** Malak Malak **8138:** Mangarrayi **8141:** Maringarr **8142:** Marra **8143:** Marrithiyel **8144:** Matngala **8146:** Murrinh Patha **8147:** Na-kara **8148:** Ndjebbana (Gunavidji) **8151:** Ngalakgan **8152:** Ngaliwurru **8153:** Nungali **8154:** Wambaya **8155:** Wardaman **8156:** Amurdak **8157:** Garrwa **8158:** Kuwema **8161:** Marramaninyshi **8162:** Ngandi **8163:** Waanyi **8164:** Wagiman **8165:** Yanyuwa **8166:** Marridan (Maridan) **8171:** Gundjeihmi **8172:** Kune **8173:** Kuninjku **8174:** Kunwinjku **8175:** Mayali **8179:** Kunwinjkuan, nec **8181:** Burarra **8182:** Gun-nartpa **8183:** Gurr-goni **8189:** Burarran, nec **8199:** Arnhem Land and Daly River Region Languages, nec **8211:** Galpu **8212:** Golumala **8213:** Wangurri **8219:** Dhangu, nec **8221:** Dhalwangu **8222:** Djarrwark **8229:** Dhay'yi, nec **8231:** Djambarrpuyngu **8232:** Djapu **8233:** Daatiwuy **8234:** Marrangu **8235:** Liyagalawumirr **8236:** Liyagawumirr **8239:** Dhuwal, nec

Data Element (Field Name)	Type (min,max)	Required	Format / Values
			8242: Gumatj **8243:**Gupapuyngu **8244:**Guyamirrilili **8246:**Manggalili **8247:**Wubulkarra **8249:**Dhuwala, nec **8251:**Wurlaki **8259:**Djinang, nec **8261:**Ganalbingu **8262:**Djinba **8263:**Manyjalpingu **8269:**Djinba, nec **8271:**Ritharrngu **8272:**Wagilak **8279:**Yakuy, nec **8281:**Nhangu **8282:**Yan-nhangu **8289:**Nhangu, nec **8291:**Dhuwaya **8292:**Djangu **8293:**Madarrpa **8294:**Warramiri **8295:**Rirratjingu **8299:**Other Yolngu Matha, nec **8301:**Kuku Yalanji **8302:**Guugu Yimidhirr **8303:**Kuuku-Ya'u **8304:**Wik Mungkan **8305:**Djabugay **8306:**Dyirbal **8307:**Girramay **8308:**Koko-Bera **8311:**Kuuk Thayorre **8312:**Lamalama **8313:**Yidiny **8314:**Wik Ngathan **8315:**Alngith **8316:**Kugu Muminh **8317:**Morrobalama **8318:**Thaynakwith **8321:**Yupangathi **8322:**Tjungundji **8399:**Cape York Peninsula Languages, nec **8401:**Kalaw Kawaw Ya/Kalaw Lagaw Ya **8402:**Meriam Mir **8403:**Yumplatok (Torres Strait Creole) **8504:**Bilinarra **8505:**Gurindji **8506:**Gurindji Kriol **8507:**Jaru **8508:**Light Warlpiri **8511:**Malngin

Data Element (Field Name)	Type (min,max)	Required	Format / Values
			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

Data Element (Field Name)	Type (min,max)	Required	Format / Values
			8902: Arabana **8903:** Bandjalang **8904:** Banyjima **8905:** Batjala **8906:** Bidjara **8907:** Dhanggatti **8908:** Diyari **8911:** Gamilaraay **8913:** Garuwali **8914:** Githabul **8915:** Gumbaynggir **8916:** Kanai **8917:** Karajarri **8918:** Kariyarra **8921:** Kaurna **8922:** Kayardild **8924:** Kriol **8925:** Lardil **8926:** Mangala **8927:** Muruwari **8928:** Narungga **8931:** Ngarluma **8932:** Ngarrindjeri **8933:** Nyamal **8934:** Nyangumarta **8935:** Nyungar **8936:** Paakantyi **8937:** Palyku/Nyiyaparli **8938:** Wajarri **8941:** Wiradjuri **8943:** Yindjibarndi **8944:** Yinhawangka **8945:** Yorta Yorta **8946:** Baanbay **8947:** Badimaya **8948:** Barababaraba **8951:** Dadi Dadi **8952:** Dharawal **8953:** Djabwurrung **8954:** Gudjal **8955:** Keerray-Woorroong **8956:** Ladji Ladji **8957:** Mirning **8958:** Ngatjumaya **8961:** Waluwarra **8962:** Wangkangurru **8963:** Wargamay **8964:** Wergaia **8965:** Yugambeh **8998:** Aboriginal English, so described **8999:** Other Australian Indigenous Languages, nec

Data Element (Field Name)	Type (min,max)	Required	Format / Values
			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

Data Element (Field Name)	Type (min,max)	Required	Format / Values
			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
Proficiency in Spoken English (prof_english) METeOR: 270203	string	yes	**0:** Not applicable (persons under 5 years of age or who speak only English) **1:** Very well **2:** Well **3:** Not well **4:** Not at all **9:** Not stated/inadequately described
Client Tags (client_tags)	string	—	List of tags for the client.

5.3.5. Intake

See Intake for definition of an intake.

The collection of Intake and IAR data is a requirement for Head to Health programs. This includes the Head to Health Phone Service, centres, satellites and Pop-Up clinics. PHNs may choose to collect Intake and IAR data for other non-Head to Health programs using the PMHC-MDS v4 specification, however reporting of this data remains optional subject to further guidance from the department.

Intakes are managed by the provider organisations via either the PMHC MDS administrative interface or upload.

Table 5.5 Intake 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.
Intake Key (intake_key)	string (2,50)	yes	This is a number or code assigned to each intake. The Intake Key is unique and stable for each intake at the level of the organisation.
Client Key (client_key)	string (2,50)	yes	This is a number or code assigned to each individual client referred to the intake organisation. The client identifier must be unique and stable for each individual within the intake organisation. Assigned by either the PHN or intake organisation depending on local procedures.
Client Consent to Anonymised Data (client_consent)	string	yes	**1:** Yes **2:** No
Referral Date (referral_date)	date	yes	The date the referrer made the referral.
Program Type (program_type)	string	yes	**1:** Flexible Funding Pool **2:** Head to Health **3:** AMHC **4:** Psychosocial **5:** Bushfire Recovery 2020 **7:** Supporting Recovery

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

Data Element (Field Name)	Type (min,max)	Required	Format / Values
Referrer Organisation Type (referrer_organisation_type)	string	yes	**1:** General Practice **2:** Medical Specialist Consulting Rooms **3:** Private practice **4:** Public mental health service **5:** Public Hospital **6:** Private Hospital **7:** Emergency Department **8:** Community Health Centre **9:** Drug and Alcohol Service **10:** Community Support Organisation NFP **11:** Indigenous Health Organisation **12:** Child and Maternal Health **13:** Nursing Service **14:** Telephone helpline **15:** Digital health service **16:** Family Support Service **17:** School **18:** Tertiary Education institution **19:** Housing service **20:** Centrelink **21:** Other **98:** N/A - Self referral **99:** Not stated
Date client contacted Intake (date_client_contacted_intake)	date	yes	The date on which the client first contacted the intake service
Suicide Referral Flag (suicide_referral_flag)	string	yes	**1:** Yes **2:** No **9:** Unknown
Date referred to other service at Intake conclusion (date_referred_to_other_service_at_intake_conclusion)	date	—	The date the client was referred to another organisation at Intake conclusion.

Data Element (Field Name)	Type (min,max)	Required	Format / Values
Organisation type referred to at Intake conclusion (organisation_type_referred_to_at_intake_conclusion)	string	—	**1:** GP/Medical Practitioner **2:** Hospital **3:** Psychiatric/mental health service or facility **4:** Alcohol and other drug treatment service **5:** Other community/ health care service **6:** Correctional service **7:** Police diversion **8:** Court diversion **9:** Legal service **10:** Child protection agency **11:** Community support groups/ agencies **12:** Centrelink or employment service **13:** Housing and homelessness service **14:** Telephone & online services/ referral agency e.g. direct line **15:** Disability support service **16:** Aged care facility/service **17:** Immigration department or asylum seeker/ refugee support service **18:** School/other education or training institution **19:** Community based Drug and Alcohol Service **20:** Youth service (non-AOD) **21:** Indigenous service (non-AOD)

Data Element (Field Name)	Type (min,max)	Required	Format / Values
			22: Extended care/ rehabilitation facility **23:** Palliative care service **24:** Police (not diversion) **25:** Public dental provider - community dental agency **26:** Dental Hospital **27:** Private Dental Provider **28:** Early childhood service **29:** Maternal and Child Health Service **30:** Community nursing service **31:** Emergency relief **32:** Family support service (excl family violence) **33:** Family violence service **34:** Gambling support service **35:** Maternity services **36:** Peer support/ self-help group **37:** Private allied health provider **38:** Sexual Assault service **39:** Financial counsellor **40:** Sexual health service **41:** Medical specialist **42:** AMHC **43:** Other PHN funded service **44:** HeadtoHelp / HeadtoHealth **97:** No Referral **98:** Other **99:** Not stated/ Inadequately described

Data Element (Field Name)	Type (min,max)	Required	Format / Values
			Multiple space separated values allowed
Referred to Organisation Path (referred_to_organisation_path)	string	—	A sequence of colon separated Organisation Keys that fully specifies the Provider Organisation to which the intake referred the client.
Intake Tags (intake_tags)	string	—	List of tags for the intake.

5.3.6. Intake Episode

See Intake Episode for definition of an intake episode.

Intake Episodes are managed by the provider organisations via either the PMHC MDS administrative interface or upload.

Table 5.6 Intake Episode record layout

Data Element (Field Name)	Type (min,max)	Required	Format / Values
Episode Organisation Path (episode_organisation_path)	string	yes	A sequence of colon separated Organisation Keys that fully specifies the Provider Organisation providing the clinical service to the client.
Episode Key (episode_key)	string (2,50)	yes	This is a number or code assigned to each PMHC MDS episode. The Episode Key is unique and stable for each episode at the level of the organisation. This key must link to an existing episode within the PMHC MDS.
Intake Organisation Path (intake_organisation_path)	string	yes	A sequence of colon separated Organisation Keys that fully specifies the Provider Organisation providing the intake to the client.
Intake Key (intake_key)	string (2,50)	yes	This is a number or code assigned to each intake. The Intake Key is unique and stable for each intake at the level of the organisation.

5.3.7. Episode

See Episode for definition of an episode.

Episodes are managed by the provider organisations via either the PMHC MDS administrative interface or upload.

Table 5.7 Episode record layout

Data Element (Field Name)	Type (min,max)	Required	Format / Values
Organisation Path (organisation_path)	string	yes	A sequence of colon separated Organisation Keys that fully specifies the Provider Organisation providing a service to the client.
Episode Key (episode_key)	string (2,50)	yes	This is a number or code assigned to each episode. The Episode Key is unique and stable for each episode at the level of the Provider Organisation.
Client Key (client_key)	string (2,50)	yes	This is a number or code assigned to each individual client referred to the commissioned organisation. The client identifier is unique and stable for each individual within the Provider Organisation.
Episode End Date (episode_end_date) METeOR: 730859	date	—	The date on which an *Episode of Care* is formally or administratively ended
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	—	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
Referral Date (referral_date)	date	yes	The date the referrer made the referral.
Program Type (program_type)	string	yes	1: Flexible Funding Pool 2: Head to Health 3: AMHC 4: Psychosocial 5: Bushfire Recovery 2020 7: Supporting Recovery

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

Data Element (Field Name)	Type (min,max)	Required	Format / Values
Employment Participation (employment_participation) METeOR: 269950	string	yes	1: Full-time 2: Part-time 3: Not applicable - not in the labour force 9: Not stated/ inadequately described
Source of Cash Income (income_source) METeOR: 386449	string	yes	0: N/A - Client aged less than 16 years 1: Disability Support Pension 2: Other pension or benefit (not superannuation) 3: Paid employment 4: Compensation payments 5: Other (e.g. superannuation, investments etc.) 6: Nil income 7: Not known 9: Not stated/ inadequately described
Health Care Card (health_care_card) METeOR: 605149	string	yes	1: Yes 2: No 3: Not Known 9: Not stated
NDIS Participant (ndis_participant)	string	yes	1: Yes 2: No 9: Not stated/ inadequately described

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

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

Data Element (Field Name)	Type (min,max)	Required	Format / Values
			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

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

Data Element (Field Name)	Type (min,max)	Required	Format / Values
			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
Medication - Antipsychotics (N05A) (medication_antipsychotics)	string	yes	**1:** Yes **2:** No **9:** Unknown
Medication - Anxiolytics (N05B) (medication_anxiolytics)	string	yes	**1:** Yes **2:** No **9:** Unknown

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

Data Element (Field Name)	Type (min,max)	Required	Format / Values
Referrer Organisation Type (referrer_organisation_type)	string	yes	**1:** General Practice **2:** Medical Specialist Consulting Rooms **3:** Private practice **4:** Public mental health service **5:** Public Hospital **6:** Private Hospital **7:** Emergency Department **8:** Community Health Centre **9:** Drug and Alcohol Service **10:** Community Support Organisation NFP **11:** Indigenous Health Organisation **12:** Child and Maternal Health **13:** Nursing Service **14:** Telephone helpline **15:** Digital health service **16:** Family Support Service **17:** School **18:** Tertiary Education institution **19:** Housing service **20:** Centrelink **21:** Other **98:** N/A - Self referral **99:** Not stated

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

5.3.8. Service Contact

See Service Contact for definition of a service contact.

Service contacts are managed by the provider organisations via either the PMHC MDS administrative interface or upload.

Table 5.8 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 Provider Organisation.
Episode Key (episode_key)	string (2,50)	yes	This is a number or code assigned to each episode. The Episode Key is unique and stable for each episode at the level of the organisation.
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.
Service Contact Type (service_contact_type)	string	yes	0: No contact took place 1: Assessment 2: Structured psychological intervention 3: Other psychological intervention 4: Clinical care coordination/liaison 5: Clinical nursing services 6: Child or youth specific assistance NEC 7: Suicide prevention specific assistance NEC 8: Cultural specific assistance NEC 9: Psychosocial support 98: ATAPS
Postcode (service_contact_postcode) METeOR: 429894	string	yes	The Australian postcode where the service contact took place.
Modality (service_contact_modality)	string	yes	0: No contact took place 1: Face to Face 2: Telephone 3: Video 4: Internet-based 5: SMS

Data Element (Field Name)	Type (min,max)	Required	Format / Values
Participants (service_contact_participants)	string	yes	1:Individual client 2:Client group 3:Family / Client Support Network 4:Other health professional or service provider 5:Other 9:Not stated
Venue (service_contact_venue)	string	yes	1:Client's Home 2:Service provider's office 3:GP Practice 4:Other medical practice 5:Headspace Centre 6:Other primary care setting 7:Public or private hospital 8:Residential aged care facility 9:School or other educational centre 10:Client's Workplace 11:Other 12:Aged care centre - non-residential 98:Not applicable (Service Contact Modality is not face to face) 99:Not stated
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
Copayment (service_contact_copayment)	number	yes	0 - 999999.99
Client Participation Indicator (service_contact_participation_indicator) METeOR: 494341	string	yes	1:Yes 2:No
Interpreter Used (service_contact_interpreter)	string	yes	1:Yes 2:No 9:Not stated

Data Element (Field Name)	Type (min,max)	Required	Format / Values
No Show (service_contact_no_show)	string	yes	1: Yes 2: No
Final Service Contact (service_contact_final)	string	yes	1: No further services are planned for the client in the current episode 2: Further services are planned for the client in the current episode 3: Not known at this stage
Start Time (service_contact_start_time)	time	yes	The start time of each mental health service contact between a health service provider and patient/client.

Data Element (Field Name)	Type (min,max)	Required	Format / Values
Funding Source (funding_source)	string	yes	0: Flexible funding pool - Not Otherwise Stated 11: Flexible funding pool - Low intensity 12: Flexible funding pool - Youth Severe 13: Flexible funding pool - Child and Youth 14: Flexible funding pool - Psychological therapies for hard to reach 15: Flexible funding pool - Services for People with Severe Mental Illness 16: Flexible funding pool - Suicide Prevention - Indigenous 17: Flexible funding pool - Suicide Prevention - General 18: Indigenous Mental Health 19: Commonwealth Psychosocial Support 20: Psychological Treatment in Residential Aged Care Facilities 21: Emergency Response - Bushfire Recovery 2020 22: Emergency Response - Flood 2022 23: Head to Health program 24: Head to Health Kids Hubs 25: Norfolk Island 26: National Suicide Prevention Trial 27: Way Back Support Service 73: Other Government Funding - Commonwealth: Other Commonwealth 97: Other funding source – no Commonwealth Funding 98: Unknown/Not stated
Service Contact Tags (service_contact_tags)	string	—	List of tags for the service contact.

5.3.9. Service Contact Practitioner

See Service Contact Practitioner for definition of a service contact practitioner.

Service contacts practitioners are managed by the provider organisations via either the PMHC MDS administrative interface or upload.

Table 5.9 Service contact practitioner record layout

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

5.3.10. Collection Occasion

See Collection Occasion for definition of a 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.

Collection occasions are managed by the provider organisations via either the PMHC MDS administrative interface or upload.

Table 5.10 Collection Occasion record layout

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

Data Element (Field Name)	Type (min,max)	Required	Format / Values
Collection Occasion Date (collection_occasion_date)	date	yes	The date of the collection occasion.
Collection Occasion Reason (reason_for_collection)	string	yes	1:Episode start 2:Review 3:Episode end
Collection Occasion Tags (collection_occasion_tags)	string	—	List of tags for the collection occasion.

5.3.11. Measures

5.3.11.1. Measures at Intake

5.3.11.1.1. IAR-DST

The collection of Intake and IAR DST data may not be required for all programs. Please see Intake.

Where an Intake is recorded, an associated IAR-DST should also be recorded. However, this is not enforced by the PMHC MDS as Intake data could be collected separately from IAR DST data.

Note

Versions 4.0.0 through 4.0.2 of the PMHC MDS specifiction only described version 1 of the IAR DST. This version was to be used only for adults. As of PMHC-MDS specification v4.0.4 you may supply either v1 or v2 IAR-DST versions. Version 2 adds child, adolescent, and older adult adaptions. The PMHC-MDS implementation of this change is backward compatible with the existing v1 format as the only difference is the extension of the IAR-DST - Version domain with v2 specific values.

For more information regarding IAR-DST v2 see the official IAR-DST v2 specification documentation.

Note

Technical implementation guidance

The version data element now contains both the version (`1` or `2`) and, in the case of version 2, a sub-version indicating the age-group specific form of the IAR-DST used. i.e. `child` , `adolescent` , `adult` , and `older-adult` . For example a rating generated using the child form must have the version set to `2.child` .

This approach has been taken for backwards compatibility with v1 to minimise the changes required by data providers to extract and supply v2 data to the PMHC-MDS for reporting.

Carefully consider how these two related but separate data items are stored within local systems. Analysis and reporting of future IAR-DST data may be simplified if they are recorded separately in local systems and only combined for use during data supply.

Table 5.11 IAR-DST record layout

Data Element (Field Name)	Type (min,max)	Required	Format / Values
Organisation Path (organisation_path)	string	yes	A sequence of colon separated Organisation Keys that fully specifies the Provider Organisation providing a service to the client.
Measure Key (measure_key)	string (2,50)	yes	This is a number or code assigned to each instance of a measure. The Measure Key is unique and stable for each instance of a measure at the level of the organisation.
Intake Key (intake_key)	string (2,50)	yes	This is a number or code assigned to each intake. The Intake Key is unique and stable for each intake at the level of the organisation.
IAR-DST - Version (iar_dst_version)	string	yes	**1:** IAR-DST version 1.05 **2.child:** IAR-DST Children (5-11 years) version 2.00 **2.adolescent:** IAR-DST Adolescent (12-17 years) version 2.00 **2.adult:** IAR-DST Adult (18-64 years) version 2.00 **2.older-adult:** IAR-DST Older Adult (65 years and over) version 2.00
IAR-DST - Domain 1 (iar_dst_domain_1)	string	yes	**0:** *Refer to the relevant IAR-DST specification* linked above **1:** *Refer to the relevant IAR-DST specification* linked above **2:** *Refer to the relevant IAR-DST specification* linked above **3:** *Refer to the relevant IAR-DST specification* linked above **4:** *Refer to the relevant IAR-DST specification* linked above

Data Element (Field Name)	Type (min,max)	Required	Format / Values
IAR-DST - Domain 2 (iar_dst_domain_2)	string	yes	**0:** *Refer to the relevant IAR-DST specification* linked above **1:** *Refer to the relevant IAR-DST specification* linked above **2:** *Refer to the relevant IAR-DST specification* linked above **3:** *Refer to the relevant IAR-DST specification* linked above **4:** *Refer to the relevant IAR-DST specification* linked above
IAR-DST - Domain 3 (iar_dst_domain_3)	string	yes	**0:** *Refer to the relevant IAR-DST specification* linked above **1:** *Refer to the relevant IAR-DST specification* linked above **2:** *Refer to the relevant IAR-DST specification* linked above **3:** *Refer to the relevant IAR-DST specification* linked above **4:** *Refer to the relevant IAR-DST specification* linked above
IAR-DST - Domain 4 (iar_dst_domain_4)	string	yes	**0:** *Refer to the relevant IAR-DST specification* linked above **1:** *Refer to the relevant IAR-DST specification* linked above **2:** *Refer to the relevant IAR-DST specification* linked above **3:** *Refer to the relevant IAR-DST specification* linked above **4:** *Refer to the relevant IAR-DST specification* linked above
IAR-DST - Domain 5 (iar_dst_domain_5)	string	yes	**0:** *Refer to the relevant IAR-DST specification* linked above **1:** *Refer to the relevant IAR-DST specification* linked above **2:** *Refer to the relevant IAR-DST specification* linked above **3:** *Refer to the relevant IAR-DST specification* linked above **4:** *Refer to the relevant IAR-DST specification* linked above

Data Element (Field Name)	Type (min,max)	Required	Format / Values
IAR-DST - Domain 6 (iar_dst_domain_6)	string	yes	**0:** *Refer to the relevant IAR-DST specification* linked above **1:** *Refer to the relevant IAR-DST specification* linked above **2:** *Refer to the relevant IAR-DST specification* linked above **3:** *Refer to the relevant IAR-DST specification* linked above **4:** *Refer to the relevant IAR-DST specification* linked above
IAR-DST - Domain 7 (iar_dst_domain_7)	string	yes	**0:** *Refer to the relevant IAR-DST specification* linked above **1:** *Refer to the relevant IAR-DST specification* linked above **2:** *Refer to the relevant IAR-DST specification* linked above **3:** *Refer to the relevant IAR-DST specification* linked above **4:** *Refer to the relevant IAR-DST specification* linked above
IAR-DST - Domain 8 (iar_dst_domain_8)	string	yes	**0:** *Refer to the relevant IAR-DST specification* linked above **1:** *Refer to the relevant IAR-DST specification* linked above **2:** *Refer to the relevant IAR-DST specification* linked above **3:** *Refer to the relevant IAR-DST specification* linked above **4:** *Refer to the relevant IAR-DST specification* linked above

Data Element (Field Name)	Type (min,max)	Required	Format / Values
IAR-DST - Recommended Level of Care (iar_dst_recommended_level_of_care)	string	yes	1: Level 1 - Self Management 1+: Level 1 or above - Review assessment on Contextual Domains to determine most appropriate placement 2: Level 2 - Low Intensity Services 2+: Level 2 or above - Review assessment on Contextual Domains to determine most appropriate placement 3: Level 3 - Moderate Intensity Services 3+: Level 3 or above - Review assessment on Contextual Domains to determine most appropriate placement 4: Level 4 - High Intensity Services 4+: Level 4 or above - Review assessment on Contextual Domains to determine most appropriate placement 5: Level 5 - Acute and Specialist Community Mental Health Services
IAR-DST - Practitioner Level of Care (iar_dst_practitioner_level_of_care)	string	yes	1: Level 1 - Self Management 2: Level 2 - Low Intensity Services 3: Level 3 - Moderate Intensity Services 4: Level 4 - High Intensity Services 5: Level 5 - Acute and Specialist Community Mental Health Services 9: Not stated
IAR-DST - Tags (iar_dst_tags)	string	—	List of tags for the measure.

5.3.11.2. Measures during an Episode

PMHC MDS requires the use of one of the following three required 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

5.3.11.2.1. 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 5.12 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.
Measure Key (measure_key)	string (2,50)	yes	This is a number or code assigned to each instance of a measure. The Measure Key is unique and stable for each instance of a measure at the level of the organisation.
Collection Occasion Key (collection_occasion_key)	string (2,50)	yes	This is a number or code assigned to each collection occasion of service activity. The Collection Occasion Key is unique and stable for each collection occasion at the level of the organisation.
K10+ - Question 1 (k10p_item1)	string	yes	1:None of the time 2:A little of the time 3:Some of the time 4:Most of the time 5:All of the time 9:Not stated / Missing
K10+ - Question 2 (k10p_item2)	string	yes	1:None of the time 2:A little of the time 3:Some of the time 4:Most of the time 5:All of the time 9:Not stated / Missing
K10+ - Question 3 (k10p_item3)	string	yes	1:None of the time 2:A little of the time 3:Some of the time 4:Most of the time 5:All of the time 9:Not stated / Missing
K10+ - Question 4 (k10p_item4)	string	yes	1:None of the time 2:A little of the time 3:Some of the time 4:Most of the time 5:All of the time 9:Not stated / Missing

Data Element (Field Name)	Type (min,max)	Required	Format / Values
K10+ - Question 5 (k10p_item5)	string	yes	1:None of the time 2:A little of the time 3:Some of the time 4:Most of the time 5:All of the time 9:Not stated / Missing
K10+ - Question 6 (k10p_item6)	string	yes	1:None of the time 2:A little of the time 3:Some of the time 4:Most of the time 5:All of the time 9:Not stated / Missing
K10+ - Question 7 (k10p_item7)	string	yes	1:None of the time 2:A little of the time 3:Some of the time 4:Most of the time 5:All of the time 9:Not stated / Missing
K10+ - Question 8 (k10p_item8)	string	yes	1:None of the time 2:A little of the time 3:Some of the time 4:Most of the time 5:All of the time 9:Not stated / Missing
K10+ - Question 9 (k10p_item9)	string	yes	1:None of the time 2:A little of the time 3:Some of the time 4:Most of the time 5:All of the time 9:Not stated / Missing
K10+ - Question 10 (k10p_item10)	string	yes	1:None of the time 2:A little of the time 3:Some of the time 4:Most of the time 5:All of the time 9:Not stated / Missing
K10+ - Question 11 (k10p_item11)	integer	yes	0 - 28, 99 = Not stated / Missing
K10+ - Question 12 (k10p_item12)	integer	yes	0 - 28, 99 = Not stated / Missing

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

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'.

5.3.11.2.2. 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 5.13 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.
Measure Key (measure_key)	string (2,50)	yes	This is a number or code assigned to each instance of a measure. The Measure Key is unique and stable for each instance of a measure at the level of the organisation.
Collection Occasion Key (collection_occasion_key)	string (2,50)	yes	This is a number or code assigned to each collection occasion of service activity. The Collection Occasion Key is unique and stable for each collection occasion at the level of the organisation.
K5 - Question 1 (k5_item1)	string	yes	1:None of the time 2:A little of the time 3:Some of the time 4:Most of the time 5:All of the time 9:Not stated / Missing

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

5.3.11.2.3. 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 https://www.sdqinfo.org/. 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 - SDQ Parent Report: 4-10 years (Baseline version);
- PC2 - SDQ Parent Report: 4-10 years (Follow up version);
- PY1 - SDQ Parent Report: 11-17 years (Baseline version);
- PY2 - SDQ Parent Report: 11-17 years (Follow up version);
- YR1 - SDQ Youth Report: 11-17 years (Baseline version); and
- YR2 - SDQ Youth Report: 11-17 years (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.

5.3.11.2.3.1. 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	
Standard Values for Data Entry		**0**	**1**	**2**	**Summary Score**
Data element	**SDQ Item number and description**	**Item Score**			
Emotional Symptoms Scale					0-10
Item 03	Often complains of headaches ...	0	1	2	
Item 08	Many worries or often seems worried	0	1	2	
Item 13	Often unhappy, depressed or tearful	0	1	2	
Item 16	Nervous or clingy in new situations ...	0	1	2	
Item 24	Many fears, easily scared	0	1	2	
Conduct Problem Scale					0-10
Item 05	Often loses temper ...	0	1	2	
Item 07	**Generally well behaved** ...	**2**	**1**	**0**	
Item 12	Often fights with other children ...	0	1	2	
Item 18	Often lies or cheats	0	1	2	
Item 22	Steals from home, school ...	0	1	2	
Hyperactivity Scale					0-10
Item 02	Restless, overactive ...	0	1	2	
Item 10	Constantly fidgeting ...	0	1	2	
Item 15	Easily distracted ...	0	1	2	
Item 21	**Thinks things out before acting**	**2**	**1**	**0**	
Item 25	**Good attention span** ...	**2**	**1**	**0**	
Peer Problem Scale					0-10
Item 06	Rather solitary, prefers to play alone	0	1	2	
Item 11	**Has at least one good friend**	**2**	**1**	**0**	
Item 14	**Generally liked by other children**	**2**	**1**	**0**	

		Not True	Some-what True	Certainly True	
Standard Values for Data Entry		**0**	**1**	**2**	**Summary Score**
Data element	**SDQ Item number and description**	**Item Score**			
Item 19	Picked on or bullied …	0	1	2	
Item 23	Gets along better with adults …	0	1	2	
Prosocial Scale					0-10
Item 01	Considerate of other people's feelings	0	1	2	
Item 04	Shares readily with other children …	0	1	2	
Item 09	Helpful if someone is hurt …	0	1	2	
Item 17	Kind to younger children	0	1	2	
Item 20	Often volunteers to help others …	0	1	2	
SDQ Total Difficulties Score = Sum of Scales below					0-40
	Emotional Symptoms Scale	0-10			
	Conduct Problem Scale	0-10			
	Hyperactivity Scale	0-10			
	Peer Problem Scale	0-10			

- *NB. Bold items indicate reverse scoring*

5.3.11.2.3.2. 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 5.14 SDQ record layout

Data Element (Field Name)	Type (min,max)	Required	Format / Values
Organisation Path (organisation_path)	string	yes	A sequence of colon separated Organisation Keys that fully specifies the Provider Organisation providing a service to the client.
Measure Key (measure_key)	string (2,50)	yes	This is a number or code assigned to each instance of a measure. The Measure Key is unique and stable for each instance of a measure at the level of the organisation.
Collection Occasion Key (collection_occasion_key)	string (2,50)	yes	This is a number or code assigned to each collection occasion of service activity. The Collection Occasion Key is unique and stable for each collection occasion at the level of the organisation.
SDQ Collection Occasion - Version (sdq_version)	string	yes	**PC101:** Parent Report Measure 4-10 yrs, Baseline version, Australian Version 1 **PC201:** Parent Report Measure 4-10 yrs, Follow Up version, Australian Version 1 **PY101:** Parent Report Measure 11-17 yrs, Baseline version, Australian Version 1 **PY201:** Parent Report Measure 11-17 yrs, Follow Up version, Australian Version 1 **YR101:** Self report Version, 11-17 years, Baseline version, Australian Version 1 **YR201:** Self report Version, 11-17 years, Follow Up version, Australian Version 1

Data Element (Field Name)	Type (min,max)	Required	Format / Values
SDQ - Question 1 (sdq_item1)	string	yes	**0:**Not True **1:**Somewhat True **2:**Certainly True **7:**Unable to rate (insufficient information) **9:**Not stated / Missing
SDQ - Question 2 (sdq_item2)	string	yes	**0:**Not True **1:**Somewhat True **2:**Certainly True **7:**Unable to rate (insufficient information) **9:**Not stated / Missing
SDQ - Question 3 (sdq_item3)	string	yes	**0:**Not True **1:**Somewhat True **2:**Certainly True **7:**Unable to rate (insufficient information) **9:**Not stated / Missing
SDQ - Question 4 (sdq_item4)	string	yes	**0:**Not True **1:**Somewhat True **2:**Certainly True **7:**Unable to rate (insufficient information) **9:**Not stated / Missing
SDQ - Question 5 (sdq_item5)	string	yes	**0:**Not True **1:**Somewhat True **2:**Certainly True **7:**Unable to rate (insufficient information) **9:**Not stated / Missing
SDQ - Question 6 (sdq_item6)	string	yes	**0:**Not True **1:**Somewhat True **2:**Certainly True **7:**Unable to rate (insufficient information) **9:**Not stated / Missing
SDQ - Question 7 (sdq_item7)	string	yes	**0:**Not True **1:**Somewhat True **2:**Certainly True **7:**Unable to rate (insufficient information) **9:**Not stated / Missing

Data Element (Field Name)	Type (min,max)	Required	Format / Values
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
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
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

Data Element (Field Name)	Type (min,max)	Required	Format / Values
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
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
SDQ - Question 26 (sdq_item26)	string	yes	**0:**No **1:**Yes - minor difficulties **2:**Yes - definite difficulties **3:**Yes - severe difficulties **7:**Unable to rate (insufficient information) **9:**Not stated / Missing
SDQ - Question 27 (sdq_item27)	string	yes	**0:**Less than a month **1:**1-5 months **2:**6-12 months **3:**Over a year **7:**Unable to rate (insufficient information) **8:**Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0) **9:**Not stated / Missing

Data Element (Field Name)	Type (min,max)	Required	Format / Values
SDQ - Question 28 (sdq_item28)	string	yes	**0:** Not at all **1:** A little **2:** A medium amount **3:** A great deal **7:** Unable to rate (insufficient information) **8:** Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0) **9:** Not stated / Missing
SDQ - Question 29 (sdq_item29)	string	yes	**0:** Not at all **1:** A little **2:** A medium amount **3:** A great deal **7:** Unable to rate (insufficient information) **8:** Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0) **9:** Not stated / Missing
SDQ - Question 30 (sdq_item30)	string	yes	**0:** Not at all **1:** A little **2:** A medium amount **3:** A great deal **7:** Unable to rate (insufficient information) **8:** Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0) **9:** Not stated / Missing
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	**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 33 (sdq_item33)	string	yes	**0:** Not at all **1:** A little **2:** A medium amount **3:** A great deal **7:** Unable to rate (insufficient information) **8:** Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0) **9:** Not stated / Missing
SDQ - Question 34 (sdq_item34)	string	yes	**0:** Much worse **1:** A bit worse **2:** About the same **3:** A bit better **4:** Much better **7:** Unable to rate (insufficient information) **8:** Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0) **9:** Not stated / Missing
SDQ - Question 35 (sdq_item35)	string	yes	**0:** Not at all **1:** A little **2:** A medium amount **3:** A great deal **7:** Unable to rate (insufficient information) **8:** Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0) **9:** Not stated / Missing

Data Element (Field Name)	Type (min,max)	Required	Format / Values
SDQ - Question 36 (sdq_item36)	string	yes	**0:**No **1:**A little **2:**A lot **7:**Unable to rate (insufficient information) **8:**Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0) **9:**Not stated / Missing
SDQ - Question 37 (sdq_item37)	string	yes	**0:**No **1:**A little **2:**A lot **7:**Unable to rate (insufficient information) **8:**Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0) **9:**Not stated / Missing
SDQ - Question 38 (sdq_item38)	string	yes	**0:**No **1:**A little **2:**A lot **7:**Unable to rate (insufficient information) **8:**Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0) **9:**Not stated / Missing
SDQ - Question 39 (sdq_item39)	string	yes	**0:**No **1:**A little **2:**A lot **7:**Unable to rate (insufficient information) **8:**Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0) **9:**Not stated / Missing
SDQ - Question 40 (sdq_item40)	string	yes	**0:**No **1:**A little **2:**A lot **7:**Unable to rate (insufficient information) **8:**Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0) **9:**Not stated / Missing

Data Element (Field Name)	Type (min,max)	Required	Format / Values
SDQ - Question 41 (sdq_item41)	string	yes	**0:** No **1:** A little **2:** A lot **7:** Unable to rate (insufficient information) **8:** Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0) **9:** Not stated / Missing
SDQ - Question 42 (sdq_item42)	string	yes	**0:** No **1:** A little **2:** A lot **7:** Unable to rate (insufficient information) **8:** Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0) **9:** Not stated / Missing
SDQ - Emotional Symptoms Scale (sdq_emotional_symptoms)	integer	yes	0 - 10, 99 = Not stated / Missing
SDQ - Conduct Problem Scale (sdq_conduct_problem)	integer	yes	0 - 10, 99 = Not stated / Missing
SDQ - Hyperactivity Scale (sdq_hyperactivity)	integer	yes	0 - 10, 99 = Not stated / Missing
SDQ - Peer Problem Scale (sdq_peer_problem)	integer	yes	0 - 10, 99 = Not stated / Missing
SDQ - Prosocial Scale (sdq_prosocial)	integer	yes	0 - 10, 99 = Not stated / Missing
SDQ - Total Difficulties Score (sdq_total)	integer	yes	0 - 40, 99 = Not stated / Missing
SDQ - Impact Score (sdq_impact)	integer	yes	0 - 10, 99 = Not stated / Missing
SDQ - Tags (sdq_tags)	string	—	List of tags for the measure.

5.4. Definitions

5.4.1. ABN

The Australian Business Number of the provider organisation.

Field name: organisation_abn

Data type: string (11)

Required: yes

Notes: The Australian Business Registry maintains ABN search and technical docs. The PMHC MDS does not check the if ABN is registered, only that it satisfies the algorithm documented at https://abr.business.gov.au/Help/AbnFormat

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5.4.2. Aboriginal and Torres Strait Islander Status

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

Field name: client_atsi_status

Data type: string

Required: yes

Domain:

1: Aboriginal but not Torres Strait Islander origin

2: Torres Strait Islander but not Aboriginal origin

3: Both Aboriginal and Torres Strait Islander origin

4: Neither Aboriginal or Torres Strait Islander origin

9: Not stated/inadequately described

Notes: **Code 9 is not to be available as a valid answer to the questions but is** intended for use:

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

METeOR: 291036

5.4.3. Active

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

Field name: practitioner_active

Data type: string

Required: yes

Domain:

0: Inactive

1: Active

5.4.4. Additional Diagnosis

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

Field name: additional_diagnosis
Data type: string
Required: yes
Domain:
- **000:** No additional diagnosis
- **100:** Anxiety disorders (ATAPS)
- **101:** Panic disorder
- **102:** Agoraphobia
- **103:** Social phobia
- **104:** Generalised anxiety disorder
- **105:** Obsessive-compulsive disorder
- **106:** Post-traumatic stress disorder
- **107:** Acute stress disorder
- **108:** Other anxiety disorder
- **200:** Affective (Mood) disorders (ATAPS)
- **201:** Major depressive disorder
- **202:** Dysthymia
- **203:** Depressive disorder NOS
- **204:** Bipolar disorder
- **205:** Cyclothymic disorder
- **206:** Other affective disorder
- **300:** Substance use disorders (ATAPS)
- **301:** Alcohol harmful use
- **302:** Alcohol dependence
- **303:** Other drug harmful use
- **304:** Other drug dependence
- **305:** Other substance use disorder
- **400:** Psychotic disorders (ATAPS)
- **401:** Schizophrenia
- **402:** Schizoaffective disorder
- **403:** Brief psychotic disorder
- **404:** Other psychotic disorder
- **501:** Separation anxiety disorder
- **502:** Attention deficit hyperactivity disorder (ADHD)
- **503:** Conduct disorder
- **504:** Oppositional defiant disorder
- **505:** Pervasive developmental disorder
- **506:** Other disorder of childhood and adolescence

601: Adjustment disorder
602: Eating disorder
603: Somatoform disorder
604: Personality disorder
605: Other mental disorder
901: Anxiety symptoms
902: Depressive symptoms
903: Mixed anxiety and depressive symptoms
904: Stress related
905: Other
999: Missing

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

- Commencement, alteration or adjustment of therapeutic treatment
- Diagnostic procedures
- Increased clinical care and/or monitoring

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

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

- 100: Anxiety disorders (ATAPS)
- 200: Affective (Mood) disorders (ATAPS)
- 300: Substance use disorders (ATAPS)
- 400: Psychotic disorders (ATAPS)

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

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

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

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

5.4.5. Area of usual residence, postcode

The Australian postcode of the client.

Field name: client_postcode
Data type: string
Required: yes
Notes: A valid Australian postcode or 9999 if the postcode is unknown or the client has not provided sufficient information to confirm their current residential address.

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

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

Postcodes are deemed valid if they are in the range 0200-0299, 0800-9999.
METeOR: 429894

5.4.6. ATSI Cultural Training

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

Field name: atsi_cultural_training
Data type: string
Required: yes
Domain:
1: Yes
2: No
3: Not required
9: Missing / Not recorded

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

- not of Aboriginal or Torres Strait Islander status; or
- are not employed by an Aboriginal Community Controlled Health Service.

1 - Yes The practitioner has:

- undertaken specific training in the delivery of culturally appropriate mental health /health services for Aboriginal and Torres Strait Islander peoples. As a guide, recognised training programs include those endorsed by the Australian Indigenous Psychologists' Association (AIPA) or similar organisation; or
- undertaken local cultural awareness training in the community in which they are practising, as delivered or endorsed by the elders of that community or the local Aboriginal Community Controlled Health Service.

2 - No The practitioner has not met the requirements stated above.

3 - Not required This option is reserved only for practitioners who are of Aboriginal and Torres Strait Islander descent, or employed by an Aboriginal Community Controlled Health Service.

4 - Missing/Not recorded This is a system code for missing data and not a valid response option for practitioners.

5.4.7. Client Consent to Anonymised Data

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

Field name: client_consent
Data type: string
Required: yes
Domain: **1:** Yes
2: No

Notes: **1 - Yes** The client has consented to their anonymised data being provided to the Department of Health and Aged Care 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 and Aged Care.

2 - No The client has not consented to their anonymised data being provided to the Department of Health and Aged Care 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 and Aged Care.

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.

Note

From June 2024 onward consent collection notices were updated to include that anonymised client data may be shared with relevant state and territory departments/agencies in addition to the Department of Health and Aged Care, if the client consents.

5.4.8. Client Gender

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

Field name: client_gender
Data type: string
Required: yes
Domain: **0:** Not stated/Inadequately described
1: Male
2: Female
3: Other

Notes: **1 - M - Male** Adults who identify themselves as men, and children who identify themselves as boys.

2 - F - Female Adults who identify themselves as women, and children who identify themselves as girls.

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

ABS: https://www.abs.gov.au/statistics/standards/standard-sex-gender-variations-sex-characteristics-and-sexual-orientation-variables/2016

5.4.9. Client Key

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

Field name: client_key
Data type: string (2,50)
Required: yes
Notes: Client keys must be unique within each Provider Organisation. The Client Key will be managed by the Provider Organisation, however, the PHN may decide to play a role in coordinating assignment and management of these client keys. Clients should not be assigned multiple keys within the same Provider Organisation.

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

See Managing Client Keys

5.4.10. Client Participation Indicator

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

Field name: service_contact_participation_indicator

Data type: string
Required: yes
Domain: **1:** Yes
2: No

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

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

2 - No This code is to be used for service contacts between a mental health service provider and a third party(ies) where the patient/client, in whose clinical record the service contact would normally warrant a dated entry, is not participating.

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

METeOR: 494341

5.4.11. Client Tags

List of tags for the client.

Field name: client_tags
Data type: string
Required: no
Notes: A comma separated list of tags.

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

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

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

5.4.12. Collection Occasion Date

The date of the collection occasion.

Field name: collection_occasion_date

Data type: date

Required: yes

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

If the date the activity was performed is unknown, 09099999 should be used.

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

5.4.13. Collection Occasion Key

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

Field name: collection_occasion_key

Data type: string (2,50)

Required: yes

Notes: Collection Occasion Keys must be generated by the organisation to be unique at the Provider Organisation level and must persist across time. See Identifier Management

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5.4.14. Collection Occasion Reason

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

Field name: reason_for_collection

Data type: string

Required: yes

Domain:
1: Episode start
2: Review
3: Episode end

Notes: **1 - Episode start** Refers to an outcome measure undertaken at the beginning of an Episode of Care. For the purposes of the PMHC MDS protocol, episodes may start at the point of first Service Contact with a new client who has not been seen previously by the organisation, or a first contact for a new Episode of Care for a client who has received services from the organisation in a previous Episode of Care that has been completed.

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

- in response to critical clinical events or changes in the client's mental health status;
- following a client-requested review; or
- other situations where a review may be indicated.

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

5.4.15. Collection Occasion Tags

List of tags for the collection occasion.

Field name: collection_occasion_tags
Data type: string
Required: no
Notes: A comma separated list of tags.

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

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

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

5.4.16. Copayment

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

Field name: service_contact_copayment
Data type: number
Required: yes
Domain: 0 - 999999.99
Notes: Up to 6 digits before the decimal point; up to 2 digits after the decimal point.

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

5.4.17. Country of Birth

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

Field name: country_of_birth
Data type: string (4)
Required: yes
Domain:
- **1101:** Australia
- **1102:** Norfolk Island
- **1199:** Australian External Territories, nec
- **1201:** New Zealand
- **1301:** New Caledonia
- **1302:** Papua New Guinea
- **1303:** Solomon Islands
- **1304:** Vanuatu
- **1401:** Guam
- **1402:** Kiribati
- **1403:** Marshall Islands
- **1404:** Micronesia, Federated States of
- **1405:** Nauru
- **1406:** Northern Mariana Islands
- **1407:** Palau
- **1501:** Cook Islands
- **1502:** Fiji
- **1503:** French Polynesia
- **1504:** Niue
- **1505:** Samoa
- **1506:** Samoa, American
- **1507:** Tokelau
- **1508:** Tonga
- **1511:** Tuvalu
- **1512:** Wallis and Futuna
- **1513:** Pitcairn Islands
- **1599:** Polynesia (excludes Hawaii), nec
- **1601:** Adelie Land (France)
- **1602:** Argentinian Antarctic Territory
- **1603:** Australian Antarctic Territory
- **1604:** British Antarctic Territory
- **1605:** Chilean Antarctic Territory
- **1606:** Queen Maud Land (Norway)
- **1607:** Ross Dependency (New Zealand)
- **2102:** England

2103: Isle of Man
2104: Northern Ireland
2105: Scotland
2106: Wales
2107: Guernsey
2108: Jersey
2201: Ireland
2301: Austria
2302: Belgium
2303: France
2304: Germany
2305: Liechtenstein
2306: Luxembourg
2307: Monaco
2308: Netherlands
2311: Switzerland
2401: Denmark
2402: Faroe Islands
2403: Finland
2404: Greenland
2405: Iceland
2406: Norway
2407: Sweden
2408: Aland Islands
3101: Andorra
3102: Gibraltar
3103: Holy See
3104: Italy
3105: Malta
3106: Portugal
3107: San Marino
3108: Spain
3201: Albania
3202: Bosnia and Herzegovina
3203: Bulgaria
3204: Croatia
3205: Cyprus
3206: The former Yugoslav Republic of Macedonia
3207: Greece
3208: Moldova
3211: Romania
3212: Slovenia

3214: Montenegro
3215: Serbia
3216: Kosovo
3301: Belarus
3302: Czech Republic
3303: Estonia
3304: Hungary
3305: Latvia
3306: Lithuania
3307: Poland
3308: Russian Federation
3311: Slovakia
3312: Ukraine
4101: Algeria
4102: Egypt
4103: Libya
4104: Morocco
4105: Sudan
4106: Tunisia
4107: Western Sahara
4108: Spanish North Africa
4111: South Sudan
4201: Bahrain
4202: Gaza Strip and West Bank
4203: Iran
4204: Iraq
4205: Israel
4206: Jordan
4207: Kuwait
4208: Lebanon
4211: Oman
4212: Qatar
4213: Saudi Arabia
4214: Syria
4215: Turkey
4216: United Arab Emirates
4217: Yemen
5101: Myanmar
5102: Cambodia
5103: Laos
5104: Thailand
5105: Vietnam

5201: Brunei Darussalam
5202: Indonesia
5203: Malaysia
5204: Philippines
5205: Singapore
5206: Timor-Leste
6101: China (excludes SARs and Taiwan)
6102: Hong Kong (SAR of China)
6103: Macau (SAR of China)
6104: Mongolia
6105: Taiwan
6201: Japan
6202: Korea, Democratic People's Republic of (North)
6203: Korea, Republic of (South)
7101: Bangladesh
7102: Bhutan
7103: India
7104: Maldives
7105: Nepal
7106: Pakistan
7107: Sri Lanka
7201: Afghanistan
7202: Armenia
7203: Azerbaijan
7204: Georgia
7205: Kazakhstan
7206: Kyrgyzstan
7207: Tajikistan
7208: Turkmenistan
7211: Uzbekistan
8101: Bermuda
8102: Canada
8103: St Pierre and Miquelon
8104: United States of America
8201: Argentina
8202: Bolivia
8203: Brazil
8204: Chile
8205: Colombia
8206: Ecuador
8207: Falkland Islands
8208: French Guiana

8211: Guyana
8212: Paraguay
8213: Peru
8214: Suriname
8215: Uruguay
8216: Venezuela
8299: South America, nec
8301: Belize
8302: Costa Rica
8303: El Salvador
8304: Guatemala
8305: Honduras
8306: Mexico
8307: Nicaragua
8308: Panama
8401: Anguilla
8402: Antigua and Barbuda
8403: Aruba
8404: Bahamas
8405: Barbados
8406: Cayman Islands
8407: Cuba
8408: Dominica
8411: Dominican Republic
8412: Grenada
8413: Guadeloupe
8414: Haiti
8415: Jamaica
8416: Martinique
8417: Montserrat
8421: Puerto Rico
8422: St Kitts and Nevis
8423: St Lucia
8424: St Vincent and the Grenadines
8425: Trinidad and Tobago
8426: Turks and Caicos Islands
8427: Virgin Islands, British
8428: Virgin Islands, United States
8431: St Barthelemy
8432: St Martin (French part)
8433: Bonaire, Sint Eustatius and Saba
8434: Curacao

8435: Sint Maarten (Dutch part)
9101: Benin
9102: Burkina Faso
9103: Cameroon
9104: Cabo Verde
9105: Central African Republic
9106: Chad
9107: Congo, Republic of
9108: Congo, Democratic Republic of
9111: Cote d'Ivoire
9112: Equatorial Guinea
9113: Gabon
9114: Gambia
9115: Ghana
9116: Guinea
9117: Guinea-Bissau
9118: Liberia
9121: Mali
9122: Mauritania
9123: Niger
9124: Nigeria
9125: Sao Tome and Principe
9126: Senegal
9127: Sierra Leone
9128: Togo
9201: Angola
9202: Botswana
9203: Burundi
9204: Comoros
9205: Djibouti
9206: Eritrea
9207: Ethiopia
9208: Kenya
9211: Lesotho
9212: Madagascar
9213: Malawi
9214: Mauritius
9215: Mayotte
9216: Mozambique
9217: Namibia
9218: Reunion
9221: Rwanda

9222: St Helena
9223: Seychelles
9224: Somalia
9225: South Africa
9226: Swaziland
9227: Tanzania
9228: Uganda
9231: Zambia
9232: Zimbabwe
9299: Southern and East Africa, nec
9999: Unknown

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

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

METeOR: 459973
ABS: http://www.abs.gov.au/ausstats/abs@.nsf/mf/1269.0

5.4.18. Date client contacted Intake

The date on which the client first contacted the intake service

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

- The contact date must not be before 1st January 2020.
- The contact date must not be in the future.

5.4.19. Date of Birth

The date on which an individual was born.

Field name: date_of_birth

Data type: date

Required: yes

Notes:

- The date of birth must not be before January 1st 1900.
- The date of birth must not be in the future.
- If the date of birth is unknown, the following approaches should be used:
  - If the age of the person is known, the age should be used to derive the year of birth
  - If the age of the person is unknown, an estimated age of the person should be used to estimate a year of birth
  - An actual or estimated year of birth should then be converted into an estimated date of birth using the following convention: 0101Estimated year of birth.
  - If the date of birth is totally unknown, use 09099999.
  - If you have estimated the year of birth make sure you record this in the 'Estimated date of birth flag'

METeOR: 287007

5.4.20. Date referred to other service at Intake conclusion

The date the client was referred to another organisation at Intake conclusion.

Field name: date_referred_to_other_service_at_intake_conclusion

Data type: date

Required: no

Notes:

- The referral out date must not be before 1st January 2020.
- The referral out end date must not be in the future.

5.4.21. Duration

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

Field name: service_contact_duration

Data type: string

Required: yes

Domain:

0: No contact took place

1: 1-15 mins

2: 16-30 mins

3: 31-45 mins

4: 46-60 mins

5: 61-75 mins

6: 76-90 mins

7: 91-105 mins

8: 106-120 mins

9: over 120 mins

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

0 - No contact took place Only use this code where the service contact is recorded as a no show.

5.4.22. Employment Participation

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

Field name: employment_participation
Data type: string
Required: yes
Domain:
1: Full-time
2: Part-time
3: Not applicable - not in the labour force
9: Not stated/inadequately described

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

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

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

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

METeOR: 269950

5.4.23. Episode Completion Status

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

Field name: episode_completion_status
Data type: string
Required: no
Domain:
0: Episode open
1: Episode closed - treatment concluded
2: Episode closed administratively - client could not be contacted
3: Episode closed administratively - client declined further contact
4: Episode closed administratively - client moved out of area
5: Episode closed administratively - client referred elsewhere
6: Episode closed administratively - other reason

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

0 or Blank - Episode open The client still requires treatment and further service contacts are required.

1 - Episode closed - treatment concluded No further service contacts are planned as the client no longer requires treatment.

2 - Episode closed administratively - client could not be contacted Further service contacts were planned but the client could no longer be contacted.

3 - Episode closed administratively - client declined further contact Further service contacts were planned but the client declined further treatment.

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

5 - Episode closed administratively - client referred elsewhere Where a client still requires treatment, but a different service has been deemed appropriate or a client has moved out of the area so has moved to a different provider.

6 - Episode closed administratively - other reason Where a client is no longer being given treatment but the reason for conclusion is not covered above.

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

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

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

5.4.24. Episode End Date

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

Field name: episode_end_date
Data type: date
Required: no
Notes:

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

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

- clinically, consequent upon conclusion of treatment for the client and discharge from care; or
- administratively (statistically), where contact with the client has been lost by the organisation prior to completion of treatment or other factors prevented treatment being completed.

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

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

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

METeOR: 730859

5.4.25. Episode Key

This is a number or code assigned to each PMHC MDS episode. The Episode Key is unique and stable for each episode at the level of the organisation. This key must link to an existing episode within the PMHC MDS.

Field name: episode_key
Data type: string (2,50)
Required: yes
Notes: Episode Keys must be generated by the organisation to be unique at the Provider Organisation level and must persist across time. Creation of episode keys in this way allows clients to be merged (where duplicate Client Keys have been identified) without having to re-allocate episode identifiers since they can never clash. See Managing Episode Keys

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

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

5.4.26. Episode Organisation Path

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

Field name: episode_organisation_path
Data type: string
Required: yes
Notes: A combination of the Primary Health Network's (PHN's) Organisation Key and the Provider Organisation's Organisation Key separated by a colon.

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

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

5.4.27. Episode Tags

List of tags for the episode.

Field name: episode_tags
Data type: string
Required: no
Notes: A comma separated list of tags.

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

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

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

5.4.28. Estimated Date of Birth Flag

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

Field name: est_date_of_birth
Data type: string
Required: yes
Domain:
1: Date of birth is accurate
2: Date of birth is an estimate
8: Date of birth is a 'dummy' date (ie, 09099999)
9: Accuracy of stated date of birth is not known

5.4.29. Final Service Contact

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

Field name: service_contact_final
Data type: string
Required: yes
Domain:
1: No further services are planned for the client in the current episode
2: Further services are planned for the client in the current episode
3: Not known at this stage

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

- the date of the final Service Contact should be recorded as the Episode End Date
- the Episode Completion Status field should be recorded as 'Treatment concluded.

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

5.4.30. Funding Source

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

Field name: funding_source
Data type: string
Required: yes
Domain:
- **0:** Flexible funding pool - Not Otherwise Stated
- **11:** Flexible funding pool - Low intensity
- **12:** Flexible funding pool - Youth Severe
- **13:** Flexible funding pool - Child and Youth
- **14:** Flexible funding pool - Psychological therapies for hard to reach
- **15:** Flexible funding pool - Services for People with Severe Mental Illness
- **16:** Flexible funding pool - Suicide Prevention - Indigenous
- **17:** Flexible funding pool - Suicide Prevention - General
- **18:** Indigenous Mental Health
- **19:** Commonwealth Psychosocial Support
- **20:** Psychological Treatment in Residential Aged Care Facilities
- **21:** Emergency Response - Bushfire Recovery 2020
- **22:** Emergency Response - Flood 2022
- **23:** Head to Health program
- **24:** Head to Health Kids Hubs
- **25:** Norfolk Island
- **26:** National Suicide Prevention Trial
- **27:** Way Back Support Service
- **73:** Other Government Funding - Commonwealth: Other Commonwealth
- **97:** Other funding source – no Commonwealth Funding
- **98:** Unknown/Not stated

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

0 - Flexible funding pool - Not Otherwise Stated This response is only to be used for existing data entered under a Version 2 or HeadtoHelp Version 3 specification.

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

25 - Norfolk Island This category only applies to services commissioned through the Central and Eastern Sydney PHN.

27 - Way Back Support Service This category must only to be used in conjunction with the Wayback Extension.

97 - Other funding source - no Commonwealth Funding This category can only to be used where a service is wholly funded by a non-PHN funding source such as State/Territory jurisdictional funds.

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

5.4.31. GP Mental Health Treatment Plan Flag

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

Field name: mental_health_treatment_plan
Data type: string
Required: yes
Domain: **1:** Yes
2: No
3: Unknown
9: Not stated/inadequately described

5.4.32. Health Care Card

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

Field name: health_care_card
Data type: string
Required: yes
Domain: **1:** Yes
2: No
3: Not Known
9: Not stated

Notes: Details on the Australian Government Health Care Card are available at:
https://www.humanservices.gov.au/customer/services/centrelink/health-care-card
METeOR: 605149

5.4.33. Homelessness Flag

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

Field name: homelessness
Data type: string
Required: yes
Domain:
1: Sleeping rough or in non-conventional accommodation
2: Short-term or emergency accommodation
3: Not homeless
9: Not stated / Missing

Notes:
1 - Sleeping rough or in non-conventional accommodation Includes sleeping on the streets, in a park, in cars or railway carriages, under bridges or other similar 'rough' accommodation

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

3 - Not homeless Includes sleeping in own accommodation/rental accommodation or living with friends or relatives on a stable, long term basis

9 - Not stated / Missing Not stated / Missing

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

- If code 1 applied at any time over the 4 week period, code 1
- If code 2 but not code 1 applied at any time over the 4 week period, code 2
- Otherwise Code 3 applies

5.4.34. IAR-DST - Domain 1

For details about values of this field, please **refer to the relevant IAR-DST specification** for the version of the IAR-DST that you are using:

- Version 1 or,

- Version 2

Field name: iar_dst_domain_1
Data type: string
Required: yes
Domain: **0:** *Refer to the relevant IAR-DST specification* linked above
1: *Refer to the relevant IAR-DST specification* linked above
2: *Refer to the relevant IAR-DST specification* linked above
3: *Refer to the relevant IAR-DST specification* linked above
4: *Refer to the relevant IAR-DST specification* linked above

---

5.4.35. IAR-DST - Domain 2

For details about values of this field, please **refer to the relevant IAR-DST specification** for the version of the IAR-DST that you are using:

- Version 1 or,
- Version 2

Field name: iar_dst_domain_2
Data type: string
Required: yes
Domain: **0:** *Refer to the relevant IAR-DST specification* linked above
1: *Refer to the relevant IAR-DST specification* linked above
2: *Refer to the relevant IAR-DST specification* linked above
3: *Refer to the relevant IAR-DST specification* linked above
4: *Refer to the relevant IAR-DST specification* linked above

---

5.4.36. IAR-DST - Domain 3

For details about values of this field, please **refer to the relevant IAR-DST specification** for the version of the IAR-DST that you are using:

- Version 1 or,
- Version 2

Field name: iar_dst_domain_3
Data type: string
Required: yes
Domain: **0:** *Refer to the relevant IAR-DST specification* linked above

1:*Refer to the relevant IAR-DST specification* linked above

2:*Refer to the relevant IAR-DST specification* linked above

3:*Refer to the relevant IAR-DST specification* linked above

4:*Refer to the relevant IAR-DST specification* linked above

5.4.37. IAR-DST - Domain 4

For details about values of this field, please **refer to the relevant IAR-DST specification** for the version of the IAR-DST that you are using:

- Version 1 or,
- Version 2

Field name: iar_dst_domain_4

Data type: string

Required: yes

Domain: **0:***Refer to the relevant IAR-DST specification* linked above

1:*Refer to the relevant IAR-DST specification* linked above

2:*Refer to the relevant IAR-DST specification* linked above

3:*Refer to the relevant IAR-DST specification* linked above

4:*Refer to the relevant IAR-DST specification* linked above

5.4.38. IAR-DST - Domain 5

For details about values of this field, please **refer to the relevant IAR-DST specification** for the version of the IAR-DST that you are using:

- Version 1 or,
- Version 2

Field name: iar_dst_domain_5

Data type: string

Required: yes

Domain: **0:***Refer to the relevant IAR-DST specification* linked above

1:*Refer to the relevant IAR-DST specification* linked above

2:*Refer to the relevant IAR-DST specification* linked above

3:*Refer to the relevant IAR-DST specification* linked above

4:*Refer to the relevant IAR-DST specification* linked above

5.4.39. IAR-DST - Domain 6

For details about values of this field, please **refer to the relevant IAR-DST specification** for the version of the IAR-DST that you are using:

- Version 1 or,
- Version 2

Field name: iar_dst_domain_6
Data type: string
Required: yes
Domain: **0:** *Refer to the relevant IAR-DST specification* linked above
1: *Refer to the relevant IAR-DST specification* linked above
2: *Refer to the relevant IAR-DST specification* linked above
3: *Refer to the relevant IAR-DST specification* linked above
4: *Refer to the relevant IAR-DST specification* linked above

---

5.4.40. IAR-DST - Domain 7

For details about values of this field, please **refer to the relevant IAR-DST specification** for the version of the IAR-DST that you are using:

- Version 1 or,
- Version 2

Field name: iar_dst_domain_7
Data type: string
Required: yes
Domain: **0:** *Refer to the relevant IAR-DST specification* linked above
1: *Refer to the relevant IAR-DST specification* linked above
2: *Refer to the relevant IAR-DST specification* linked above
3: *Refer to the relevant IAR-DST specification* linked above
4: *Refer to the relevant IAR-DST specification* linked above

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5.4.41. IAR-DST - Domain 8

For details about values of this field, please **refer to the relevant IAR-DST specification** for the version of the IAR-DST that you are using:

- Version 1 or,

- Version 2

Field name: iar_dst_domain_8
Data type: string
Required: yes
Domain: **0:** *Refer to the relevant IAR-DST specification* linked above
1: *Refer to the relevant IAR-DST specification* linked above
2: *Refer to the relevant IAR-DST specification* linked above
3: *Refer to the relevant IAR-DST specification* linked above
4: *Refer to the relevant IAR-DST specification* linked above

---

5.4.42. IAR-DST - Practitioner Level of Care

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

Field name: iar_dst_practitioner_level_of_care
Data type: string
Required: yes
Domain: **1:** Level 1 - Self Management
2: Level 2 - Low Intensity Services
3: Level 3 - Moderate Intensity Services
4: Level 4 - High Intensity Services
5: Level 5 - Acute and Specialist Community Mental Health Services
9: Not stated

Notes: Please refer to the Levels of Care section in the documentation for the version of the IAR-DST that you are using.

Version 1 or Version 2

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

5.4.43. IAR-DST - Recommended Level of Care

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

Field name: iar_dst_recommended_level_of_care
Data type: string

Required: yes

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

Notes: Please refer to the Levels of Care section in the documentation for the version of the IAR-DST that you are using.

Version 1 or Version 2

5.4.44. IAR-DST - Tags

List of tags for the measure.

Field name: iar_dst_tags
Data type: string
Required: no
Notes: A comma separated list of tags.

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

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

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

5.4.45. IAR-DST - Version

The version of the IAR-DST collected.

Field name: iar_dst_version
Data type: string
Required: yes

Domain:
- **1:** IAR-DST version 1.05
- **2.child:** IAR-DST Children (5-11 years) version 2.00

2.adolescent:IAR-DST Adolescent (12-17 years) version 2.00

2.adult:IAR-DST Adult (18-64 years) version 2.00

2.older-adult:IAR-DST Older Adult (65 years and over) version 2.00

5.4.46. Intake Key

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

Field name: intake_key

Data type: string (2,50)

Required: yes

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

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

5.4.47. Intake Organisation Path

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

Field name: intake_organisation_path

Data type: string

Required: yes

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

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

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

5.4.48. Intake Tags

List of tags for the intake.

Field name: intake_tags
Data type: string
Required: no
Notes: A comma separated list of tags.

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

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

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

5.4.49. Interpreter Used

Whether an interpreter service was used during the Service Contact

Field name: service_contact_interpreter
Data type: string
Required: yes
Domain:
1: Yes
2: No
9: Not stated

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

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

2 - No Use this code where interpreter services were not used during the Service Contact.

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

5.4.50. Key

A metadata key name.

Field name: key
Data type: string
Required: yes
Notes: Current allowed metadata keys are *type* and *version*.

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

5.4.51. K5 - Question 1

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

Field name: k5_item1
Data type: string
Required: yes
Domain: **1:** None of the time
2: A little of the time
3: Some of the time
4: Most of the time
5: All of the time
9: Not stated / Missing

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

5.4.52. K5 - Question 2

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

Field name: k5_item2
Data type: string
Required: yes
Domain: **1:** None of the time
2: A little of the time
3: Some of the time
4: Most of the time
5: All of the time
9: Not stated / Missing

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

5.4.53. K5 - Question 3

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

Field name: k5_item3
Data type: string
Required: yes
Domain: **1:** None of the time
2: A little of the time
3: Some of the time
4: Most of the time
5: All of the time
9: Not stated / Missing

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

5.4.54. K5 - Question 4

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

Field name: k5_item4
Data type: string
Required: yes
Domain: **1:** None of the time
2: A little of the time
3: Some of the time
4: Most of the time
5: All of the time
9: Not stated / Missing

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

5.4.55. K5 - Question 5

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

Field name: k5_item5
Data type: string
Required: yes
Domain: **1:** None of the time
2: A little of the time
3: Some of the time
4: Most of the time
5: All of the time

9: Not stated / Missing

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

5.4.56. K5 - Score

The overall K5 score.

Field name: k5_score
Data type: integer
Required: yes
Domain: 5 - 25, 99 = Not stated / Missing
Notes: The K5 Total score is based on the sum of K5 item 1 through 5 (range: 5-25).

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

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

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

5.4.57. K5 - Tags

List of tags for the measure.

Field name: k5_tags
Data type: string
Required: no
Notes: A comma separated list of tags.

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

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

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

5.4.58. K10+ - Question 1

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

Field name: k10p_item1
Data type: string
Required: yes
Domain: **1:** None of the time
2: A little of the time
3: Some of the time
4: Most of the time
5: All of the time
9: Not stated / Missing

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

5.4.59. K10+ - Question 2

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

Field name: k10p_item2
Data type: string
Required: yes
Domain: **1:** None of the time
2: A little of the time
3: Some of the time
4: Most of the time
5: All of the time
9: Not stated / Missing

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

5.4.60. K10+ - Question 3

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

Field name: k10p_item3
Data type: string
Required: yes
Domain: **1:** None of the time
2: A little of the time
3: Some of the time
4: Most of the time
5: All of the time

9: Not stated / Missing

Notes: When reporting total score use ‘9 - Not stated / Missing’

5.4.61. K10+ - Question 4

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

Field name: k10p_item4
Data type: string
Required: yes
Domain: **1:** None of the time
2: A little of the time
3: Some of the time
4: Most of the time
5: All of the time
9: Not stated / Missing

Notes: When reporting total score use ‘9 - Not stated / Missing’

5.4.62. K10+ - Question 5

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

Field name: k10p_item5
Data type: string
Required: yes
Domain: **1:** None of the time
2: A little of the time
3: Some of the time
4: Most of the time
5: All of the time
9: Not stated / Missing

Notes: When reporting total score use ‘9 - Not stated / Missing’

5.4.63. K10+ - Question 6

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

Field name: k10p_item6
Data type: string
Required: yes
Domain: **1:** None of the time
2: A little of the time
3: Some of the time
4: Most of the time
5: All of the time
9: Not stated / Missing

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

5.4.64. K10+ - Question 7

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

Field name: k10p_item7
Data type: string
Required: yes
Domain: **1:** None of the time
2: A little of the time
3: Some of the time
4: Most of the time
5: All of the time
9: Not stated / Missing

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

5.4.65. K10+ - Question 8

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

Field name: k10p_item8
Data type: string
Required: yes
Domain: **1:** None of the time
2: A little of the time
3: Some of the time
4: Most of the time
5: All of the time

9: Not stated / Missing

Notes: When reporting total score use ‘9 - Not stated / Missing’

5.4.66. K10+ - Question 9

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

Field name: k10p_item9
Data type: string
Required: yes
Domain: **1:** None of the time
2: A little of the time
3: Some of the time
4: Most of the time
5: All of the time
9: Not stated / Missing

Notes: When reporting total score use ‘9 - Not stated / Missing’

5.4.67. K10+ - Question 10

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

Field name: k10p_item10
Data type: string
Required: yes
Domain: **1:** None of the time
2: A little of the time
3: Some of the time
4: Most of the time
5: All of the time
9: Not stated / Missing

Notes: When reporting total score use ‘9 - Not stated / Missing’

5.4.68. 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.

5.4.69. 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.

5.4.70. 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.

5.4.71. K10+ - Question 14

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

Field name: k10p_item14
Data type: string
Required: yes
Domain:
- **1:** None of the time
- **2:** A little of the time
- **3:** Some of the time
- **4:** Most of the time
- **5:** All of the time
- **9:** Not stated / Missing

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

5.4.72. K10+ - Score

The overall K10 score.

Field name: k10p_score
Data type: integer
Required: yes
Domain: 10 - 50, 99 = Not stated / Missing
Notes: The K10 Total score is based on the sum of K10 item 01 through 10 (range: 10-50). Items 11 through 14 are excluded from the total because they are separate measures of disability associated with the problems referred to in the preceding ten items.

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

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

Total score = round(sum of valid item scores / 9 * 10)

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

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

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

5.4.73. K10+ - Tags

List of tags for the measure.

Field name: k10p_tags
Data type: string
Required: no
Notes: A comma separated list of tags.

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

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

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

5.4.74. Labour Force Status

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

Field name: labour_force_status
Data type: string
Required: yes
Domain:
1: Employed
2: Unemployed
3: Not in the Labour Force
9: Not stated/inadequately described

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

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

- Worked for one hour or more without pay in a family business or on a farm (contributing family workers).
- Were employees who had a job but were not at work and were:
  - away from work for less than four weeks up to the end of the reference week; or
  - away from work for more than four weeks up to the end of the reference week and
  - received pay for some or all of the four week period to the end of the reference week; or
  - away from work as a standard work or shift arrangement; or
  - on strike or locked out; or
  - on workers' compensation and expected to return to their job.
- Were owner managers who had a job, business or farm, but were not at work.

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

- had actively looked for full time or part time work at any time in the four weeks up to the end of the reference week and were available for work in the reference week; or
- were waiting to start a new job within four weeks from the end of the reference week and could have started in the reference week if the job had been available then.

Actively looked for work includes:

- written, telephoned or applied to an employer for work;
- had an interview with an employer for work;
- answered an advertisement for a job;
- checked or registered with a Job Services Australia provider or any other employment agency;
- taken steps to purchase or start your own business;
- advertised or tendered for work; and
- contacted friends or relatives in order to obtain work.

3 - Not in the labour force Persons not in the labour force are those aged 15 years and over who were not in the categories employed or unemployed, as defined, during the reference week.

They include people who undertook unpaid household duties or other voluntary work only, were retired, voluntarily inactive and those permanently unable to work.

9 - Not stated/inadequately described Includes children under 15 (0-14 years)

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5.4.75. Legal Name

The legal name of the provider organisation.

Field name: organisation_legal_name

Data type: string
Required: no

5.4.76. Main Language Spoken at Home

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

Field name: main_lang_at_home
Data type: string (4)
Required: yes
Domain:
- **1101:** Gaelic (Scotland)
- **1102:** Irish
- **1103:** Welsh
- **1199:** Celtic, nec
- **1201:** English
- **1301:** German
- **1302:** Letzeburgish
- **1303:** Yiddish
- **1401:** Dutch
- **1402:** Frisian
- **1403:** Afrikaans
- **1501:** Danish
- **1502:** Icelandic
- **1503:** Norwegian
- **1504:** Swedish
- **1599:** Scandinavian, nec
- **1601:** Estonian
- **1602:** Finnish
- **1699:** Finnish and Related Languages, nec
- **2101:** French
- **2201:** Greek
- **2301:** Catalan
- **2302:** Portuguese
- **2303:** Spanish
- **2399:** Iberian Romance, nec
- **2401:** Italian
- **2501:** Maltese
- **2901:** Basque
- **2902:** Latin

2999: Other Southern European Languages, nec
3101: Latvian
3102: Lithuanian
3301: Hungarian
3401: Belorussian
3402: Russian
3403: Ukrainian
3501: Bosnian
3502: Bulgarian
3503: Croatian
3504: Macedonian
3505: Serbian
3506: Slovene
3507: Serbo-Croatian/Yugoslavian, so described
3601: Czech
3602: Polish
3603: Slovak
3604: Czechoslovakian, so described
3901: Albanian
3903: Aromunian (Macedo-Romanian)
3904: Romanian
3905: Romany
3999: Other Eastern European Languages, nec
4101: Kurdish
4102: Pashto
4104: Balochi
4105: Dari
4106: Persian (excluding Dari)
4107: Hazaraghi
4199: Iranic, nec
4202: Arabic
4204: Hebrew
4206: Assyrian Neo-Aramaic
4207: Chaldean Neo-Aramaic
4208: Mandaean (Mandaic)
4299: Middle Eastern Semitic Languages, nec
4301: Turkish
4302: Azeri
4303: Tatar
4304: Turkmen
4305: Uygur
4306: Uzbek

4399: Turkic, nec

4901: Armenian

4902: Georgian

4999: Other Southwest and Central Asian Languages, nec

5101: Kannada

5102: Malayalam

5103: Tamil

5104: Telugu

5105: Tulu

5199: Dravidian, nec

5201: Bengali

5202: Gujarati

5203: Hindi

5204: Konkani

5205: Marathi

5206: Nepali

5207: Punjabi

5208: Sindhi

5211: Sinhalese

5212: Urdu

5213: Assamese

5214: Dhivehi

5215: Kashmiri

5216: Oriya

5217: Fijian Hindustani

5299: Indo-Aryan, nec

5999: Other Southern Asian Languages

6101: Burmese

6102: Chin Haka

6103: Karen

6104: Rohingya

6105: Zomi

6199: Burmese and Related Languages, nec

6201: Hmong

6299: Hmong-Mien, nec

6301: Khmer

6302: Vietnamese

6303: Mon

6399: Mon-Khmer, nec

6401: Lao

6402: Thai

6499: Tai, nec

6501: Bisaya

6502: Cebuano

6503: Ilokano

6504: Indonesian

6505: Malay

6507: Tetum

6508: Timorese

6511: Tagalog

6512: Filipino

6513: Acehnese

6514: Balinese

6515: Bikol

6516: Iban

6517: Ilonggo (Hiligaynon)

6518: Javanese

6521: Pampangan

6599: Southeast Asian Austronesian Languages, nec

6999: Other Southeast Asian Languages

7101: Cantonese

7102: Hakka

7104: Mandarin

7106: Wu

7107: Min Nan

7199: Chinese, nec

7201: Japanese

7301: Korean

7901: Tibetan

7902: Mongolian

7999: Other Eastern Asian Languages, nec

8101: Anindilyakwa

8111: Maung

8113: Ngan'gikurunggurr

8114: Nunggubuyu

8115: Rembarrnga

8117: Tiwi

8121: Alawa

8122: Dalabon

8123: Gudanji

8127: Iwaidja

8128: Jaminjung

8131: Jawoyn

8132: Jingulu

8133: Kunbarlang
8136: Larrakiya
8137: Malak Malak
8138: Mangarrayi
8141: Maringarr
8142: Marra
8143: Marrithiyel
8144: Matngala
8146: Murrinh Patha
8147: Na-kara
8148: Ndjebbana (Gunavidji)
8151: Ngalakgan
8152: Ngaliwurru
8153: Nungali
8154: Wambaya
8155: Wardaman
8156: Amurdak
8157: Garrwa
8158: Kuwema
8161: Marramaninyshi
8162: Ngandi
8163: Waanyi
8164: Wagiman
8165: Yanyuwa
8166: Marridan (Maridan)
8171: Gundjeihmi
8172: Kune
8173: Kuninjku
8174: Kunwinjku
8175: Mayali
8179: Kunwinjkuan, nec
8181: Burarra
8182: Gun-nartpa
8183: Gurr-goni
8189: Burarran, nec
8199: Arnhem Land and Daly River Region Languages, nec
8211: Galpu
8212: Golumala
8213: Wangurri
8219: Dhangu, nec
8221: Dhalwangu
8222: Djarrwark

8229: Dhay'yi, nec

8231: Djambarrpuyngu

8232: Djapu

8233: Daatiwuy

8234: Marrangu

8235: Liyagalawumirr

8236: Liyagawumirr

8239: Dhuwal, nec

8242: Gumatj

8243: Gupapuyngu

8244: Guyamirrililil

8246: Manggalili

8247: Wubulkarra

8249: Dhuwala, nec

8251: Wurlaki

8259: Djinang, nec

8261: Ganalbingu

8262: Djinba

8263: Manyjalpingu

8269: Djinba, nec

8271: Ritharrngu

8272: Wagilak

8279: Yakuy, nec

8281: Nhangu

8282: Yan-nhangu

8289: Nhangu, nec

8291: Dhuwaya

8292: Djangu

8293: Madarrpa

8294: Warramiri

8295: Rirratjingu

8299: Other Yolngu Matha, nec

8301: Kuku Yalanji

8302: Guugu Yimidhirr

8303: Kuuku-Ya'u

8304: Wik Mungkan

8305: Djabugay

8306: Dyirbal

8307: Girramay

8308: Koko-Bera

8311: Kuuk Thayorre

8312: Lamalama

8313: Yidiny
8314: Wik Ngathan
8315: Alngith
8316: Kugu Muminh
8317: Morrobalama
8318: Thaynakwith
8321: Yupangathi
8322: Tjungundji
8399: Cape York Peninsula Languages, nec
8401: Kalaw Kawaw Ya/Kalaw Lagaw Ya
8402: Meriam Mir
8403: Yumplatok (Torres Strait Creole)
8504: Bilinarra
8505: Gurindji
8506: Gurindji Kriol
8507: Jaru
8508: Light Warlpiri
8511: Malngin
8512: Mudburra
8514: Ngardi
8515: Ngarinyman
8516: Walmajarri
8517: Wanyjirra
8518: Warlmanpa
8521: Warlpiri
8522: Warumungu
8599: Northern Desert Fringe Area Languages, nec
8603: Alyawarr
8606: Kaytetye
8607: Antekerrepenh
8611: Central Anmatyerr
8612: Eastern Anmatyerr
8619: Anmatyerr, nec
8621: Eastern Arrernte
8622: Western Arrarnta
8629: Arrernte, nec
8699: Arandic, nec
8703: Antikarinya
8704: Kartujarra
8705: Kukatha
8706: Kukatja
8707: Luritja

8708: Manyjilyjarra
8711: Martu Wangka
8712: Ngaanyatjarra
8713: Pintupi
8714: Pitjantjatjara
8715: Wangkajunga
8716: Wangkatha
8717: Warnman
8718: Yankunytjatjara
8721: Yulparija
8722: Tjupany
8799: Western Desert Languages, nec
8801: Bardi
8802: Bunuba
8803: Gooniyandi
8804: Miriwoong
8805: Ngarinyin
8806: Nyikina
8807: Worla
8808: Worrorra
8811: Wunambal
8812: Yawuru
8813: Gambera
8814: Jawi
8815: Kija
8899: Kimberley Area Languages, nec
8901: Adnymathanha
8902: Arabana
8903: Bandjalang
8904: Banyjima
8905: Batjala
8906: Bidjara
8907: Dhanggatti
8908: Diyari
8911: Gamilaraay
8913: Garuwali
8914: Githabul
8915: Gumbaynggir
8916: Kanai
8917: Karajarri
8918: Kariyarra
8921: Kaurna

8922: Kayardild

8924: Kriol

8925: Lardil

8926: Mangala

8927: Muruwari

8928: Narungga

8931: Ngarluma

8932: Ngarrindjeri

8933: Nyamal

8934: Nyangumarta

8935: Nyungar

8936: Paakantyi

8937: Palyku/Nyiyaparli

8938: Wajarri

8941: Wiradjuri

8943: Yindjibarndi

8944: Yinhawangka

8945: Yorta Yorta

8946: Baanbay

8947: Badimaya

8948: Barababaraba

8951: Dadi Dadi

8952: Dharawal

8953: Djabwurrung

8954: Gudjal

8955: Keerray-Woorroong

8956: Ladji Ladji

8957: Mirning

8958: Ngatjumaya

8961: Waluwarra

8962: Wangkangurru

8963: Wargamay

8964: Wergaia

8965: Yugambeh

8998: Aboriginal English, so described

8999: Other Australian Indigenous Languages, nec

9101: American Languages

9201: Acholi

9203: Akan

9205: Mauritian Creole

9206: Oromo

9207: Shona

9208: Somali
9211: Swahili
9212: Yoruba
9213: Zulu
9214: Amharic
9215: Bemba
9216: Dinka
9217: Ewe
9218: Ga
9221: Harari
9222: Hausa
9223: Igbo
9224: Kikuyu
9225: Krio
9226: Luganda
9227: Luo
9228: Ndebele
9231: Nuer
9232: Nyanja (Chichewa)
9233: Shilluk
9234: Tigre
9235: Tigrinya
9236: Tswana
9237: Xhosa
9238: Seychelles Creole
9241: Anuak
9242: Bari
9243: Bassa
9244: Dan (Gio-Dan)
9245: Fulfulde
9246: Kinyarwanda (Rwanda)
9247: Kirundi (Rundi)
9248: Kpelle
9251: Krahn
9252: Liberian (Liberian English)
9253: Loma (Lorma)
9254: Lumun (Kuku Lumun)
9255: Madi
9256: Mandinka
9257: Mann
9258: Moro (Nuba Moro)
9261: Themne

9262: Lingala
9299: African Languages, nec
9301: Fijian
9302: Gilbertese
9303: Maori (Cook Island)
9304: Maori (New Zealand)
9306: Nauruan
9307: Niue
9308: Samoan
9311: Tongan
9312: Rotuman
9313: Tokelauan
9314: Tuvaluan
9315: Yapese
9399: Pacific Austronesian Languages, nec
9402: Bislama
9403: Hawaiian English
9404: Norf'k-Pitcairn
9405: Solomon Islands Pijin
9499: Oceanian Pidgins and Creoles, nec
9502: Kiwai
9503: Motu (HiriMotu)
9504: Tok Pisin (Neomelanesian)
9599: Papua New Guinea Languages, nec
9601: Invented Languages
9701: Auslan
9702: Key Word Sign Australia
9799: Sign Languages, nec
9999: Unknown

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

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

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

METeOR: 460125

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

5.4.77. Marital Status

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

Field name: marital_status
Data type: string
Required: yes
Domain:
1: Never married
2: Widowed
3: Divorced
4: Separated
5: Married (registered and de facto)
6: Not stated/inadequately described

Notes: Refers to the current marital status of a person.

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

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

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

6 - Not stated/inadequately described This code is not for use on primary collection forms. It is primarily for use in administrative collections when transferring data from data sets where the item has not been collected.

METeOR: 291045

5.4.78. Measure Key

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

Field name: measure_key
Data type: string (2,50)
Required: yes
Notes: Measure keys are case sensitive and must be valid unicode characters.

5.4.79. Medication - Antidepressants (N06A)

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

Field name: medication_antidepressants
Data type: string
Required: yes
Domain: **1:** Yes
2: No
9: Unknown

Notes: The N06A class of drugs a therapeutic subgroup of the Anatomical Therapeutic Chemical Classification System, a system of alphanumeric codes developed by the World Health Organisation (WHO) for the classification of drugs and other medical products. It covers drugs designed for the depressive disorders.

Details of drugs included in the category can be found here: http://www.whocc.no/atc_ddd_index/?code=N06A

5.4.80. Medication - Antipsychotics (N05A)

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

Field name: medication_antipsychotics
Data type: string
Required: yes
Domain: **1:** Yes
2: No
9: Unknown

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

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

5.4.81. Medication - Anxiolytics (N05B)

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

Field name: medication_anxiolytics
Data type: string
Required: yes
Domain: **1:** Yes
2: No
9: Unknown

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

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

5.4.82. Medication - Hypnotics and sedatives (N05C)

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

Field name: medication_hypnotics
Data type: string
Required: yes
Domain: **1:** Yes
2: No
9: Unknown

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

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

5.4.83. Medication - Psychostimulants and nootropics (N06B)

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

Field name: medication_psychostimulants
Data type: string
Required: yes
Domain:
1: Yes
2: No
9: Unknown

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

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

5.4.84. Modality

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

Field name: service_contact_modality
Data type: string
Required: yes
Domain:
0: No contact took place
1: Face to Face
2: Telephone
3: Video
4: Internet-based
5: SMS

Notes: **0 - No contact took place** Only use this code where the service contact is recorded as a no show.

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

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

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

3 - Video Includes any video based communication.

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

5 - SMS Service contacts via SMS messaging can only be recorded as a service contact if it is evident there is an exchange of messages, between the sender and receiver, relevant to the clinical condition of the client. SMS messaging will be counted as one service contact where the nature of the service would normally warrant a dated entry in the clinical record of the client.

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

5.4.85. Name

The name of the provider organisation.

Field name: organisation_name
Data type: string (2,100)
Required: yes

5.4.86. NDIS Participant

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

Field name: ndis_participant
Data type: string
Required: yes
Domain: **1:** Yes
2: No
9: Not stated/inadequately described

5.4.87. No Show

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

Field name: service_contact_no_show
Data type: string
Required: yes
Domain: **1:** Yes
2: No

Notes: **1 - Yes** The intended participant(s) failed to attend the appointment.

2 - No The intended participant(s) attended the appointment.

5.4.88. Organisation End Date

The date on which a provider organisation stopped delivering services.

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

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

For validation rules please refer to Organisation.

5.4.89. Organisation Key

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

Field name: organisation_key
Data type: string (2,50)
Required: yes
Notes: Organisation Keys must be generated by the PHN to be unique and must persist across time. See Managing Provider Organisation Keys

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

5.4.90. Organisation Path

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

Field name: organisation_path
Data type: string
Required: yes
Notes: A combination of the Primary Health Network's (PHN's) Organisation Key and the Provider Organisation's Organisation Key separated by a colon.

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

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

5.4.91. Organisation Start Date

The date on which a provider organisation started delivering services.

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

For validation rules please refer to Organisation.

5.4.92. Organisation Tags

List of tags for the provider organisation.

Field name: organisation_tags
Data type: string
Required: no
Notes: A comma separated list of tags.

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

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

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

5.4.93. Organisation Type

The category that best describes the provider organisation.

Field name: organisation_type
Data type: string
Required: yes
Domain: **1:** Private Allied Health Professional Practice
2: Private Psychiatry Practice
3: General Medical Practice
4: Private Hospital
5: Headspace Centre
6: Early Youth Psychosis Centre
7: Community-managed Community Support Organisation
8: Aboriginal Health/Medical Service
9: State/Territory Health Service Organisation
10: Drug and/or Alcohol Service
11: Primary Health Network
12: Medicare Local
13: Division of General Practice
98: Other
99: Missing

Notes: **1 - Private Allied Health Professional Practice** The provider organisation is a group of single- or multi-discipline allied health practitioners operating as private service providers. This includes both group and solo practitioner entities.

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

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

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

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

Note: Headspace and Early Psychosis Youth Centres currently collect and report a standardised dataset to headspace National Office. Pending the future of these arrangements, reporting of the PMHC minimum data set is not required by those organisations previously funded through headspace National Office that transitioned to PHNs. Where new or additional services are commissioned by PHNs and delivered through existing Headspace or Early Psychosis Youth Centres, local decisions will be required as to whether these services can be captured through headspace National Office sustem or are better reported through the PMHC MDS.

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

Note: See Note above re Headspace.

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

8 - Aboriginal Health/Medical Service The provider organisation is an Aboriginal or Torres Strait Islander-controlled health service organisation.

9 - State/Territory Health Service Organisation The provider organisation is a health service entity principally funded by a state or territory government. This includes all services delivered through Local Hospital Networks (variously named across jurisdictions).

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

11 - Primary 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.

5.4.94. Organisation type referred to at Episode conclusion

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

Field name: organisation_type_referred_to_at_episode_conclusion

Data type: string

Required: no

Domain: **0:** None/Not applicable

1: General Practice

2: Medical Specialist Consulting Rooms

3: Private practice

4: Public mental health service

5: Public Hospital

6: Private Hospital

7: Emergency Department

8: Community Health Centre

9: Drug and Alcohol Service

10: Community Support Organisation NFP

11: Indigenous Health Organisation

12: Child and Maternal Health

13: Nursing Service

14: Telephone helpline

15: Digital health service

16: Family Support Service

17: School

18: Tertiary Education institution

19: Housing service

20: Centrelink

21: Other

22: HeadtoHelp / HeadtoHealth Hub

23: Other PHN funded service

24: AMHC

99: Not stated

Multiple space separated values allowed

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

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

5.4.95. Organisation type referred to at Intake conclusion

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

Field name: organisation_type_referred_to_at_intake_conclusion

Data type: string

Required: no

Domain:

1: GP/Medical Practitioner

2: Hospital

3: Psychiatric/mental health service or facility

4: Alcohol and other drug treatment service

5: Other community/health care service

6: Correctional service

7: Police diversion

8: Court diversion

9: Legal service

10: Child protection agency

11: Community support groups/agencies

12: Centrelink or employment service

13: Housing and homelessness service

14: Telephone & online services/referral agency e.g. direct line

15: Disability support service

16: Aged care facility/service

17: Immigration department or asylum seeker/refugee support service

18: School/other education or training institution

19: Community based Drug and Alcohol Service

20: Youth service (non-AOD)

21: Indigenous service (non-AOD)

22: Extended care/rehabilitation facility

23: Palliative care service

24: Police (not diversion)

25: Public dental provider - community dental agency

26: Dental Hospital

27: Private Dental Provider

28: Early childhood service

29: Maternal and Child Health Service

30: Community nursing service

31: Emergency relief

32: Family support service (excl family violence)

33: Family violence service

34: Gambling support service

35: Maternity services

36: Peer support/self-help group

37: Private allied health provider

38: Sexual Assault service

39: Financial counsellor

40: Sexual health service

41: Medical specialist

42:AMHC

43: Other PHN funded service

44: HeadtoHelp / HeadtoHealth

97: No Referral

98: Other

99: Not stated/Inadequately described

Multiple space separated values allowed

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

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

The intent is that each referral out only has one organisation type and that multiple organisation types imples multiple referrals. Where an organisation could belong to multiple types, the type that best suits the reason for the referral should be selected.

5.4.96. Participants

An indication of who participated in the Service Contact.

Field name:service_contact_participants

Data type:string

Required:yes

Domain: **1:**Individual client

2:Client group

3:Family / Client Support Network

4:Other health professional or service provider

5:Other

9:Not stated

Notes:**1 - Individual**Code applies for Service Contacts delivered individually to a single client without third party participants. Please refer to the Note below.

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

3 - Family / Client Support Network Code applies to Service Contacts delivered to the family/social support persons of the client, with or without the participation of the client.

4 - Other health professional or service provider Code applies for Service Contacts that involve another health professional or service provider (in addition to the Practitioner/s), without the participation of the client or family support network.

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

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

5.4.97. Postcode

The Australian postcode where the service contact took place.

Field name: service_contact_postcode
Data type: string
Required: yes
Notes: A valid Australian postcode or 9999 if the postcode is unknown. The full list of Australian Postcodes can be found at Australia Post.

- If Service Contact Modality is not 'Face to Face' enter 9999
- If Service Contact Modality is 'Face to Face' a valid Australian postcode must be entered
- As of 1 November 2016, PMHC MDS currently validates that postcodes are in the range 0200-0299 or 0800-9999.

METeOR: 429894

5.4.98. Practitioner Aboriginal and Torres Strait Islander Status

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

Field name: practitioner_atsi_status
Data type: string
Required: yes
Domain:
1: Aboriginal but not Torres Strait Islander origin
2: Torres Strait Islander but not Aboriginal origin
3: Both Aboriginal and Torres Strait Islander origin
4: Neither Aboriginal or Torres Strait Islander origin
9: Not stated/inadequately described

Notes: **Code 9 is not to be available as a valid answer to the questions but is** intended for use:

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

METeOR: 291036

5.4.99. Practitioner Category

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

Field name: practitioner_category
Data type: string
Required: yes
Domain:
1: Clinical Psychologist
2: General Psychologist
3: Social Worker
4: Occupational Therapist
5: Mental Health Nurse
6: Aboriginal and Torres Strait Islander Health/Mental Health Worker
7: Low Intensity Mental Health Worker
8: General Practitioner
9: Psychiatrist
10: Other Medical
11: Other
12: Psychosocial Support Worker
13: Peer Support Worker
99: Not stated

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

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

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

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

Changes in effect from 1 January 2019

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

5.4.100. Practitioner Gender

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

Field name: practitioner_gender
Data type: string
Required: yes
Domain: **0:** Not stated/Inadequately described
1: Male
2: Female
3: Other

Notes: **1 - M - Male** Adults who identify themselves as men, and children who identify themselves as boys.

2 - F - Female Adults who identify themselves as women, and children who identify themselves as girls.

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

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

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

Where data is being exported from client systems, these keys can be auto generated, providing that a key does not change once it is assigned.

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

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

5.4.102. Practitioner Tags

List of tags for the practitioner.

Field name: practitioner_tags
Data type: string
Required: no
Notes: A comma separated list of tags.

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

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

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

5.4.103. Primary Practitioner Indicator

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

Field name: primary_practitioner_indicator
Data type: string
Required: yes
Domain: **1:** Yes
2: No

5.4.104. Principal Diagnosis

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

Field name: principal_diagnosis
Data type: string
Required: yes
Domain:
100: Anxiety disorders (ATAPS)
101: Panic disorder
102: Agoraphobia
103: Social phobia
104: Generalised anxiety disorder
105: Obsessive-compulsive disorder
106: Post-traumatic stress disorder
107: Acute stress disorder
108: Other anxiety disorder
200: Affective (Mood) disorders (ATAPS)
201: Major depressive disorder
202: Dysthymia
203: Depressive disorder NOS
204: Bipolar disorder
205: Cyclothymic disorder
206: Other affective disorder
300: Substance use disorders (ATAPS)
301: Alcohol harmful use
302: Alcohol dependence
303: Other drug harmful use
304: Other drug dependence
305: Other substance use disorder
400: Psychotic disorders (ATAPS)
401: Schizophrenia
402: Schizoaffective disorder
403: Brief psychotic disorder
404: Other psychotic disorder
501: Separation anxiety disorder
502: Attention deficit hyperactivity disorder (ADHD)
503: Conduct disorder
504: Oppositional defiant disorder
505: Pervasive developmental disorder
506: Other disorder of childhood and adolescence
601: Adjustment disorder

602: Eating disorder
603: Somatoform disorder
604: Personality disorder
605: Other mental disorder
901: Anxiety symptoms
902: Depressive symptoms
903: Mixed anxiety and depressive symptoms
904: Stress related
905: Other
999: Missing

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

- 000 - No additional diagnosis (Additional Diagnosis only)
- 1xx - Anxiety disorders
- 2xx - Affective (Mood) disorders
- 3xx - Substance use disorders
- 4xx - Psychotic disorders
- 5xx - Disorders with onset usually occurring in childhood and adolescence not listed elsewhere
- 6xx - Other mental disorders
- 9xx except 999 - No formal mental disorder but subsyndromal problems
- 999 - Missing or Unknown

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

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

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

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

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

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

- 100: Anxiety disorders (ATAPS)
- 200: Affective (Mood) disorders (ATAPS)
- 300: Substance use disorders (ATAPS)
- 400: Psychotic disorders (ATAPS)

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

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

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

5.4.105. Principal Focus of Treatment Plan

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

Field name: principal_focus
Data type: string
Required: yes
Domain: **1:** Psychological therapy
2: Low intensity psychological intervention
3: Clinical care coordination
4: Complex care package

5: Child and youth-specific mental health services

6: Indigenous-specific mental health services

7: Other

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

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

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

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

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

- Psychiatrists
- Registered Psychologists
- Clinical Psychologists
- Mental Health Nurses;
- Occupational Therapists;
- Social Workers
- Aboriginal and Torres Strait Islander health workers.

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

- use of individuals with appropriate competencies but who do not meet the requirements for registration, credentialing or recognition as a mental health professional;
- delivery of services principally through group-based programs; and
- delivery of brief or low cost forms of treatment by mental health professionals.

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

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

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

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

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

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

5.4.106. Proficiency in Spoken English

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

Field name: prof_english
Data type: string
Required: yes
Domain:
0: Not applicable (persons under 5 years of age or who speak only English)
1: Very well
2: Well
3: Not well
4: Not at all
9: Not stated/inadequately described

Notes:
0 - Not applicable (persons under 5 years of age or who speak only English) Not applicable, is to be used for people under 5 years of age and people who speak only English.

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

METeOR: 270203

5.4.107. Program Type

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

Field name: program_type
Data type: string
Required: yes
Domain:
1: Flexible Funding Pool
2: Head to Health
3: AMHC
4: Psychosocial
5: Bushfire Recovery 2020
7: Supporting Recovery

Notes: **1 - Flexible Funding Pool** Organisations can use this field for episodes being delivered through all other Programs commissioned through Primary Mental Health Care Schedule that are not otherwise described by another category. This may include but is not limited to general Stepped Care, Mental Health in Residential Aged Care Facilities, and Indigenous Mental Health.

2 - Head to Health Organisations can use this field for episodes delivered through the Head to Health Program. This includes Head to Health Adult Centres and Satellites and pop-up clinics.

NSW and Victorian pop-up clinics data have been identified using the Head to Help Version 3 extension and !covid19 tag. Any historical or new records that are identified this way will be mapped to this Program Type field under the Version 4 specification. The !covid19 tag will remain as a reserved tag for the original purpose of indicating that an episode has occurred as result of the COVID-19 pandemic once Head to Help Version 3 extension reaches it's end of life date.

3 - AMHC Organisations can use this field for episodes delivered through the Head to Health Program by organisations that were already delivering the Adult Mental Health Centre (AMHC) trial sites.

This change only applies to the following PHNs implementing AMHCs from December 2021:

- West Victoria PHN
- Northern Territory PHN
- ACT PHN
- North Perth PHN
- Nepean Blue Mountains PHN
- North Queensland PHN
- Tasmania PHN

AMHC data has been identified using the !amhc tag. Any historical records created on or before 30 June 2022 that use this tag will be mapped to this Program Type under the Version 4 specification. The !amhc tag will be removed from future use once PMHC MDS Version 2 specification reaches it's end of life date.

From July 1 2022 the AMHC trial sites were consolidated under the Head to Health program. For data collection purposes, organisations delivering Head to Health services that were already delivering AMHC trial sites can use either the AMHC or Head to Health program type for records created on or after 1 July 2022.

4 - Psychosocial Organisations can use this field for episodes delivered through the National Psychosocial Support Services Program.

Psychosocial data has been identified using the Principal Focus of Treatment Plan (PFOT) "Psychosocial" category. Any historical or new records that utilise the Psychosocial PFOT will be mapped to this Program Type field under the Version 4 specification. The Psychosocial PFOT category will no longer be available under the Version 4 specification and further guidance will be provided by the Department to support the management of this change in data collection requirements.

Any records that have the Psychosocial PFOT but also have a !covid19, !amhc, or !br20 tag will be mapped to the respective Program Type associated with those tags rather than the Psychosocial Program Type.

5 - Bushfire Recovery 2020 Organisations in fire affected communities can use this field for episodes delivered through the Australian Government Mental Health Response to Bushfire Trauma.

This data has been identified using the !br20 tag. Any historical or new records using this tag will be mapped to this Program Type field under the Version 4 specification. The !br20 tag will be removed from future use once the Bushfire Program is concluded.

7 - Supporting Recovery Valid as of May 2024. Organisations can use this field for supports being provided under the Supporting Recovery pilot. The Supporting Recovery pilot provides case management services and trauma-informed mental health services to victim-survivors of family, domestic and sexual violence. As at April 2024, only the following PHNs are able to provide services under this pilot:

- Gippsland PHN
- Hunter New England and Central Coast PHN
- Southwestern Sydney PHN
- Brisbane South PHN
- Northern Territory PHN, and
- Country Western Australia PHN.

5.4.108. Referral Date

The date the referrer made the referral.

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

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

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

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

- The referral date for Intakes must not be before 1st January 2020.
- The referral date for Episodes must not be before 1st January 2014.
- The referral date must not be in the future.

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

5.4.109. Referred to Organisation Path

A sequence of colon separated Organisation Keys that fully specifies the Provider Organisation to which the intake referred the client.

Field name: referred_to_organisation_path
Data type: string
Required: no
Notes: A combination of the referred to Primary Health Network's (PHN's) Organisation Key and the referred to Provider Organisation's Organisation Key separated by a colon.

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

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

5.4.110. Referrer Organisation Type

Type of organisation in which the referring professional is based.

Field name: referrer_organisation_type
Data type: string
Required: yes
Domain: **1:** General Practice
2: Medical Specialist Consulting Rooms
3: Private practice
4: Public mental health service
5: Public Hospital

6:Private Hospital
7:Emergency Department
8:Community Health Centre
9:Drug and Alcohol Service
10: Community Support Organisation NFP
11: Indigenous Health Organisation
12: Child and Maternal Health
13: Nursing Service
14: Telephone helpline
15: Digital health service
16: Family Support Service
17: School
18: Tertiary Education institution
19: Housing service
20: Centrelink
21: Other
98:N/A - Self referral
99: Not stated

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

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

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

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

5.4.111. Referrer Profession

Profession of the provider who referred the client.

Field name:referrer_profession
Data type:string
Required:yes
Domain: **1:**General Practitioner
2:Psychiatrist
3:Obstetrician
4:Paediatrician
5:Other Medical Specialist

6:Midwife

7:Maternal Health Nurse

8:Psychologist

9:Mental Health Nurse

10: Social Worker

11: Occupational therapist

12: Aboriginal Health Worker

13: Educational professional

14: Early childhood service worker

15: Other

98:N/A - Self referral

99: Not stated

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

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

5.4.112. SDQ Collection Occasion - Version

The version of the SDQ collected.

Field name: sdq_version

Data type: string

Required: yes

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

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

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

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

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

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

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

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5.4.113. SDQ - Conduct Problem Scale

Field name: sdq_conduct_problem

Data type: integer

Required: yes

Domain: 0 - 10, 99 = Not stated / Missing

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

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

5.4.114. SDQ - Emotional Symptoms Scale

Field name: sdq_emotional_symptoms

Data type: integer

Required: yes

Domain: 0 - 10, 99 = Not stated / Missing

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

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

5.4.115. SDQ - Hyperactivity Scale

Field name: sdq_hyperactivity

Data type: integer

Required: yes

Domain: 0 - 10, 99 = Not stated / Missing

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

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

5.4.116. SDQ - Impact Score

Field name: sdq_impact

Data type: integer

Required: yes

Domain: 0 - 10, 99 = Not stated / Missing

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

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

5.4.117. SDQ - Peer Problem Scale

Field name: sdq_peer_problem

Data type: integer

Required: yes

Domain: 0 - 10, 99 = Not stated / Missing

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

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

5.4.118. SDQ - Prosocial Scale

Field name: sdq_prosocial

Data type: integer

Required: yes

Domain: 0 - 10, 99 = Not stated / Missing

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

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

5.4.119. SDQ - Question 1

Parent Report: Considerate of other people's feelings.

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

Field name: sdq_item1

Data type: string

Required: yes

Domain:

0: Not True

1: Somewhat True

2: Certainly True

7: Unable to rate (insufficient information)

9: Not stated / Missing

Notes: Required Versions: All

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

5.4.120. SDQ - Question 2

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

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

Field name: sdq_item2

Data type: string

Required: yes

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

Notes: Required Versions: All

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

5.4.121. SDQ - Question 3

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

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

Field name: sdq_item3

Data type: string

Required: yes

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

Notes: Required Versions: All

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

5.4.122. SDQ - Question 4

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

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

Field name: sdq_item4

Data type: string

Required: yes

Domain: **0:**Not True

1:Somewhat True

2:Certainly True

7:Unable to rate (insufficient information)

9:Not stated / Missing

Notes: Required Versions: All

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

5.4.123. SDQ - Question 5

Parent Report: Often loses temper.

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

Field name:sdq_item5
Data type:string
Required:yes
Domain: **0:**Not True

1:Somewhat True

2:Certainly True

7:Unable to rate (insufficient information)

9:Not stated / Missing

Notes: Required Versions: All

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

5.4.124. SDQ - Question 6

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

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

Field name:sdq_item6
Data type:string
Required:yes
Domain: **0:**Not True

1:Somewhat True

2:Certainly True

7:Unable to rate (insufficient information)

9:Not stated / Missing

Notes: Required Versions: All

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

5.4.125. SDQ - Question 7

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

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

Field name:sdq_item7

Data type:string

Required:yes

Domain: **0:**Not True

1:Somewhat True

2:Certainly True

7:Unable to rate (insufficient information)

9:Not stated / Missing

Notes: Required Versions: All

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

5.4.126. SDQ - Question 8

Parent Report: Many worries or often seems worried.

Youth Self Report: I worry a lot.

Field name:sdq_item8

Data type:string

Required:yes

Domain: **0:**Not True

1:Somewhat True

2:Certainly True

7:Unable to rate (insufficient information)

9:Not stated / Missing

Notes: Required Versions: All

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

5.4.127. SDQ - Question 9

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

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

Field name: sdq_item9
Data type: string
Required: yes
Domain:
0: Not True
1: Somewhat True
2: Certainly True
7: Unable to rate (insufficient information)
9: Not stated / Missing

Notes: Required Versions: All

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

5.4.128. SDQ - Question 10

Parent Report: Constantly fidgeting or squirming.

Youth Self Report: I am constantly fidgeting or squirming.

Field name: sdq_item10
Data type: string
Required: yes
Domain:
0: Not True
1: Somewhat True
2: Certainly True
7: Unable to rate (insufficient information)
9: Not stated / Missing

Notes: Required Versions: All

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

5.4.129. SDQ - Question 11

Parent Report: Has at least one good friend.

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

Field name: sdq_item11
Data type: string
Required: yes
Domain: **0:** Not True
1: Somewhat True
2: Certainly True
7: Unable to rate (insufficient information)
9: Not stated / Missing

Notes: Required Versions: All

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

5.4.130. SDQ - Question 12

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

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

Field name: sdq_item12
Data type: string
Required: yes
Domain: **0:** Not True
1: Somewhat True
2: Certainly True
7: Unable to rate (insufficient information)
9: Not stated / Missing

Notes: Required Versions: All

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

5.4.131. SDQ - Question 13

Parent Report: Often unhappy, depressed or tearful.

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

Field name: sdq_item13
Data type: string
Required: yes
Domain:
0: Not True
1: Somewhat True
2: Certainly True
7: Unable to rate (insufficient information)
9: Not stated / Missing

Notes: Required Versions: All

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

5.4.132. SDQ - Question 14

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

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

Field name: sdq_item14
Data type: string
Required: yes
Domain:
0: Not True
1: Somewhat True
2: Certainly True
7: Unable to rate (insufficient information)
9: Not stated / Missing

Notes: Required Versions: All

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

5.4.133. SDQ - Question 15

Parent Report: Easily distracted, concentration wanders.

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

Field name: sdq_item15

Data type: string

Required: yes

Domain: **0:** Not True

1: Somewhat True

2: Certainly True

7: Unable to rate (insufficient information)

9: Not stated / Missing

Notes: Required Versions: All

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

5.4.134. SDQ - Question 16

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

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

Field name: sdq_item16

Data type: string

Required: yes

Domain: **0:** Not True

1: Somewhat True

2: Certainly True

7: Unable to rate (insufficient information)

9: Not stated / Missing

Notes: Required Versions: All

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

5.4.135. SDQ - Question 17

Parent Report: Kind to younger children.

Youth Self Report: I am kind to younger people.

Field name: sdq_item17

Data type: string

Required: yes

Domain: **0:** Not True

1:Somewhat True

2:Certainly True

7:Unable to rate (insufficient information)

9:Not stated / Missing

Notes: Required Versions: All

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

5.4.136. SDQ - Question 18

Parent Report: Often lies or cheats.

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

Field name: sdq_item18
Data type: string
Required: yes
Domain: **0:**Not True

1:Somewhat True

2:Certainly True

7:Unable to rate (insufficient information)

9:Not stated / Missing

Notes: Required Versions: All

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

5.4.137. SDQ - Question 19

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

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

Field name: sdq_item19
Data type: string
Required: yes
Domain: **0:**Not True

1:Somewhat True

2:Certainly True

7:Unable to rate (insufficient information)

9:Not stated / Missing

Notes: Required Versions: All

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

5.4.138. SDQ - Question 20

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

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

Field name:sdq_item20
Data type:string
Required:yes
Domain: **0:**Not True
1:Somewhat True
2:Certainly True
7:Unable to rate (insufficient information)
9:Not stated / Missing

Notes: Required Versions: All

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

5.4.139. SDQ - Question 21

Parent Report: Thinks things out before acting.

Youth Self Report: I think before I do things.

Field name:sdq_item21
Data type:string
Required:yes
Domain: **0:**Not True
1:Somewhat True
2:Certainly True
7:Unable to rate (insufficient information)
9:Not stated / Missing

Notes: Required Versions: All

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

5.4.140. SDQ - Question 22

Parent Report: Steals from home, school or elsewhere.

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

Field name: sdq_item22
Data type: string
Required: yes
Domain: **0:** Not True
1: Somewhat True
2: Certainly True
7: Unable to rate (insufficient information)
9: Not stated / Missing

Notes: Required Versions: All

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

5.4.141. SDQ - Question 23

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

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

Field name: sdq_item23
Data type: string
Required: yes
Domain: **0:** Not True
1: Somewhat True
2: Certainly True
7: Unable to rate (insufficient information)
9: Not stated / Missing

Notes: Required Versions: All

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

5.4.142. SDQ - Question 24

Parent Report: Many fears, easily scared.

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

Field name: sdq_item24
Data type: string
Required: yes
Domain:
0: Not True
1: Somewhat True
2: Certainly True
7: Unable to rate (insufficient information)
9: Not stated / Missing

Notes: Required Versions: All

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

5.4.143. SDQ - Question 25

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

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

Field name: sdq_item25
Data type: string
Required: yes
Domain:
0: Not True
1: Somewhat True
2: Certainly True
7: Unable to rate (insufficient information)
9: Not stated / Missing

Notes: Required Versions: All

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

5.4.144. SDQ - Question 26

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

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

Field name: sdq_item26
Data type: string
Required: yes
Domain:
0: No
1: Yes - minor difficulties
2: Yes - definite difficulties
3: Yes - severe difficulties
7: Unable to rate (insufficient information)
9: Not stated / Missing

Notes: Required Versions: All

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

5.4.145. SDQ - Question 27

Parent Report: How long have these difficulties been present?

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

Field name: sdq_item27
Data type: string
Required: yes
Domain:
0: Less than a month
1: 1-5 months
2: 6-12 months
3: Over a year
7: Unable to rate (insufficient information)
8: Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0)
9: Not stated / Missing

Notes: Required Versions: - PC101 - PY101 - YR101

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

5.4.146. SDQ - Question 28

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

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

Field name: sdq_item28
Data type: string
Required: yes
Domain: **0:** Not at all
1: A little
2: A medium amount
3: A great deal
7: Unable to rate (insufficient information)
8: Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0)
9: Not stated / Missing

Notes: Required Versions: All

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

5.4.147. SDQ - Question 29

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

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

Field name: sdq_item29
Data type: string
Required: yes
Domain: **0:** Not at all
1: A little
2: A medium amount
3: A great deal
7: Unable to rate (insufficient information)
8: Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0)
9: Not stated / Missing

Notes: Required Versions: All

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

5.4.148. SDQ - Question 30

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

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

Field name: sdq_item30
Data type: string
Required: yes
Domain: **0:** Not at all
1: A little
2: A medium amount
3: A great deal
7: Unable to rate (insufficient information)
8: Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0)
9: Not stated / Missing

Notes: Required Versions: All

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

5.4.149. SDQ - Question 31

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

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

Field name: sdq_item31
Data type: string
Required: yes
Domain: **0:** Not at all
1: A little
2: A medium amount
3: A great deal
7: Unable to rate (insufficient information)
8: Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0)
9: Not stated / Missing

Notes: Required Versions: All

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

5.4.150. SDQ - Question 32

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

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

Field name: sdq_item32
Data type: string
Required: yes
Domain:
0: Not at all
1: A little
2: A medium amount
3: A great deal
7: Unable to rate (insufficient information)
8: Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0)
9: Not stated / Missing

Notes: Required Versions: All

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

5.4.151. SDQ - Question 33

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

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

Field name: sdq_item33
Data type: string
Required: yes
Domain:
0: Not at all
1: A little
2: A medium amount
3: A great deal
7: Unable to rate (insufficient information)
8: Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0)

9:Not stated / Missing

Notes: Required Versions: All

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

5.4.152. SDQ - Question 34

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

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

Field name:sdq_item34
Data type:string
Required:yes
Domain: **0:**Much worse
1:A bit worse
2:About the same
3:A bit better
4:Much better
7:Unable to rate (insufficient information)
8:Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0)
9:Not stated / Missing

Notes: Required Versions:

- PC201
- PY201
- YR201

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

5.4.153. SDQ - Question 35

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

Field name:sdq_item35
Data type:string
Required:yes
Domain: **0:**Not at all
1:A little

2:A medium amount

3:A great deal

7:Unable to rate (insufficient information)

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

9:Not stated / Missing

Notes: Required Versions:

- PC201
- PY201
- YR201

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

5.4.154. SDQ - Question 36

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

Field name:sdq_item36

Data type:string

Required:yes

Domain: **0:**No

1:A little

2:A lot

7:Unable to rate (insufficient information)

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

9:Not stated / Missing

Notes: Required Versions:

- PC101
- PY101

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

5.4.155. SDQ - Question 37

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

Field name:sdq_item37

Data type:string

Required: yes

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

Notes: Required Versions:

- PC101
- PY101

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

5.4.156. SDQ - Question 38

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

Field name: sdq_item38
Data type: string
Required: yes

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

Notes: Required Versions:

- PC101
- PY101

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

5.4.157. SDQ - Question 39

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

Field name: sdq_item39
Data type: string
Required: yes
Domain: **0:** No
1: A little
2: A lot
7: Unable to rate (insufficient information)
8: Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0)
9: Not stated / Missing

Notes: Required Versions:

- YR101

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

5.4.158. SDQ - Question 40

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

Field name: sdq_item40
Data type: string
Required: yes
Domain: **0:** No
1: A little
2: A lot
7: Unable to rate (insufficient information)
8: Not applicable (collection not required - item not included in the version collected, or SDQ Item 26 = 0)
9: Not stated / Missing

Notes: Required Versions:

- YR101

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

5.4.159. SDQ - Question 41

Does your family complain about you being awkward or troublesome?

Field name: sdq_item41

Data type: string

Required: yes

Domain:

0: No

1: A little

2: A lot

7: Unable to rate (insufficient information)

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

9: Not stated / Missing

Notes: Required Versions:

- YR101

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

5.4.160. SDQ - Question 42

Do your teachers complain about you being awkward or troublesome?

Field name: sdq_item42

Data type: string

Required: yes

Domain:

0: No

1: A little

2: A lot

7: Unable to rate (insufficient information)

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

9: Not stated / Missing

Notes: Required Versions:

- YR101

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

5.4.161. SDQ - Tags

List of tags for the measure.

Field name: sdq_tags

Data type: string

Required: no

Notes: A comma separated list of tags.

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

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

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

5.4.162. SDQ - Total Difficulties Score

Field name: sdq_total

Data type: integer

Required: yes

Domain: 0 - 40, 99 = Not stated / Missing

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

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

5.4.163. Service Contact Date

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

Field name: service_contact_date

Data type: date

Required: yes

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

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

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5.4.164. Service Contact Key

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

Field name: service_contact_key
Data type: string (2,50)
Required: yes
Notes: PMHC MDS keys are case sensitive and must have between 2-50 valid unicode characters. Keys must start with A-Za-z0-9 (POSIX :alnum:).

Where data is being exported from client systems, these keys can be auto generated, providing that a key does not change once it is assigned.

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

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

5.4.165. Service Contact Practitioner Key

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

Field name: service_contact_practitioner_key
Data type: string (2,50)
Required: yes
Notes: PMHC MDS keys are case sensitive and must have between 2-50 valid unicode characters. Keys must start with A-Za-z0-9 (POSIX :alnum:).

Where data is being exported from client systems, these keys can be auto generated, providing that a key does not change once it is assigned.

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

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

5.4.166. Service Contact Tags

List of tags for the service contact.

Field name: service_contact_tags
Data type: string
Required: no
Notes: A comma separated list of tags.

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

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

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

5.4.167. Service Contact Type

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

Field name: service_contact_type
Data type: string
Required: yes
Domain:
0: No contact took place
1: Assessment
2: Structured psychological intervention
3: Other psychological intervention
4: Clinical care coordination/liaison
5: Clinical nursing services
6: Child or youth specific assistance NEC
7: Suicide prevention specific assistance NEC
8: Cultural specific assistance NEC
9: Psychosocial support
98: ATAPS

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

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

0 - No contact took place Only use this code where the service contact is recorded as a no show.

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

2 - Structured psychological intervention Those interventions which include a structured interaction between a client and a service provider using a recognised, psychological method, for example, cognitive behavioural techniques, family therapy or psycho education counselling. These are recognised, structured or published techniques for the treatment of mental ill-health. Structured psychological interventions are designed to alleviate psychological distress or emotional disturbance, change maladaptive behaviour and foster mental health. Structured psychological therapies can be delivered on either an individual or group basis, typically in an office or community setting. They may be delivered by trained mental health professionals or other individuals with appropriate competencies but who do not meet the requirements for registration, credentialing or recognition as a mental health professional. Structured Psychological Therapies include but are not limited to:

- Psycho-education (including motivational interviewing)
- Cognitive-behavioural therapies
- Relaxation strategies
- Skills training
- Interpersonal therapy

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

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

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

- monitoring a client's mental state;
- liaising closely with family and carers as appropriate;
- administering and monitoring compliance with medication;
- providing information on physical health care, as required and, where appropriate, assist in addressing the physical health inequities of people with mental illness; and
- improving links to other health professionals/clinical service providers.

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

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

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

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

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

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

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

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

- social skills and friendships, family connections;
- managing daily living needs;
- financial management and budgeting;
- finding and maintaining a home;
- vocational skills and goals, including volunteering;
- educational and training goals;
- maintaining physical wellbeing, including exercise;
- building broader life skills including confidence and resilience.

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

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

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

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

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

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

5.4.168. Source of Cash Income

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

Field name: income_source
Data type: string
Required: yes
Domain:
0: N/A - Client aged less than 16 years
1: Disability Support Pension
2: Other pension or benefit (not superannuation)
3: Paid employment
4: Compensation payments
5: Other (e.g. superannuation, investments etc.)
6: Nil income
7: Not known
9: Not stated/inadequately described

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

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

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

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

METeOR: 386449

5.4.169. Start Time

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

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

The end-of-day flag "24:00" may be used as a missing time value for any existing Service Contacts that have previously been added to the MDS without a start time. See Service Contact for rules on how the end-of-day value may be used.

5.4.170. State

The state that the provider organisation operates in.

Field name: organisation_state
Data type: string
Required: yes
Domain:
1: New South Wales
2: Victoria
3: Queensland
4: South Australia
5: Western Australia
6: Tasmania
7: Northern Territory
8: Australian Capital Territory
9: Other Territories

Notes:
- Name is taken from Australian Statistical Geography Standard (ASGS) July 2011.
- Code is from Meteor with the addition of code for Other Territories.

METeOR: 613718

5.4.171. Statistical Linkage Key

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

Field name: slk
Data type: string (14,40)
Required: yes
Notes: System generated non-identifiable alphanumeric code derived from information held by the PMHC organisation.

Supported formats: 14 character SLK

- a Crockford encoded sha1 hash of a 14 character SLK. This must be 32 characters in length.
- a hex encoded sha1 hash of a 14 character SLK. This must be 40 characters in length.

SLK values are stored in sha1_hex format.

METeOR: 349510

5.4.172. Suicide Referral Flag

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

Field name: suicide_referral_flag
Data type: string
Required: yes
Domain:
1: Yes
2: No
9: Unknown

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

5.4.173. Value

The metadata value.

Field name: value
Data type: string
Required: yes

Notes: Please refer to Metadata file for an example of the metadata file/worksheet that must be used with this specification.

5.4.174. Venue

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

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

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

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

6 - Other primary care setting This code is suitable for primary care settings such as community health centres.

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

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

98 - Not applicable (Service Contact Modality is not face to face) This code must only to be used where the Service Contact Modality is not face to face

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

5.4.175. Year of Birth

The year the practitioner was born.

Field name: practitioner_year_of_birth
Data type: gYear
Required: yes
Domain: gYear
Notes:

- The year of birth must not be in the future.
- The year of birth must be after 1900.
- If the year of birth is unknown, the following approaches should be used:
  - If the age of the practitioner is known, the age should be used to derive the year of birth
  - If the age of the practitioner is unknown, an estimated age of the practitioner should be used to estimate a year of birth
  - If the date of birth is totally unknown, use 9999.

5.5. Download Specification Files

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

- Specification zip

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

They are used:

- to generate the Record formats and Definitions sections of the data specification documentation
- in the first pass of upload validations

6. Upload specification

Files can be uploaded to the PMHC MDS manually via the web interface at https://pmhc-mds.net/ or by using the API which is available at https://api.pmhc-mds.net/.

6.1. File requirements

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

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

6.1.1. Excel Workbook (XLSX)

Excel files must be in XLSX format. Excel 2007 (v12.0) and above support this file format.

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

6.1.2. Zip file containing 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

6.1.3. File size

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

6.2. Files or worksheets to upload

Version 4 allows for different files/worksheets to be uploaded depending on whether the organisation is an Intake team, Treatment Service Provider or a combined Intake/Treatment Service Provider. Please refer to Contexts for further information about these contexts.

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

6.2.1. Files/worksheets for the Intake context

When uploading Version 4 data files for the Intake context the following files/worksheets need to be uploaded to the PMHC MDS:

Table 6.1 Summary of files to upload in Intake context

File Type	CSV filename	Excel worksheet name	Required
Clients	clients.csv	Clients	Required
Intakes	intakes.csv	Intakes	Required
IAR-DST Measures	iar-dst.csv	IAR-DST	Required
Organisations	organisations.csv	Organisations	Optional, may only be included if the user has Organisation Management Role
Metadata	metadata.csv	Metadata	Required

Example Intake Upload files can be found at Example Upload files.

6.2.2. Files/worksheets for the Treatment Service Provider context

When uploading Version 4 data files for the Treatment Service Provider context the following files/worksheets need to be uploaded to the PMHC MDS:

Table 6.2 Summary of files to upload in Treatment Service Provider context

File Type	CSV filename	Excel worksheet name	Required
Clients	clients.csv	Clients	Required
Intake Episodes	intake-episodes.csv	Intake Episodes	Required
Episodes	episodes.csv	Episodes	Required

File Type	CSV filename	Excel worksheet name	Required
Service Contacts	service-contacts.csv	Service Contacts	Required
Service Contact Practitioners	service-contact-practitioners.csv	Service Contact Practitioners	Required
Collection Occasions	collection-occasions.csv	Collection Occasions	Required
K10+ Measures	k10p.csv	K10+	Required
K5 Measures	k5.csv	K5	Required
SDQ Measures	sdq.csv	SDQ	Required
Practitioners	practitioners.csv	Practitioners	Required for first upload and when practitioner information changes. Optional otherwise
Organisations	organisations.csv	Organisations	Optional, may only be included if the user has Organisation Management Role
Metadata	metadata.csv	Metadata	Required

Example Treatment Upload files can be found at Example Upload files.

6.2.3. Files/worksheets for the Combined Intake/Treatment Service Provider context

When uploading Version 4 data files for the combined Intake/Treatment Service Provider context the following files/worksheets need to be uploaded to the PMHC MDS:

Table 6.3 Summary of files to upload in Combined Intake/Treatment Service Provider context

File Type	CSV filename	Excel worksheet name	Required
Clients	clients.csv	Clients	Required
Intakes	intakes.csv	Intakes	Required
IAR-DST Measures	iar-dst.csv	IAR-DST	Required
Intake Episodes	intake-episodes.csv	Intake Episodes	Required
Episodes	episodes.csv	Episodes	Required
Service Contacts	service-contacts.csv	Service Contacts	Required
Service Contact Practitioners	service-contact-practitioners.csv	Service Contact Practitioners	Required
Collection Occasions	collection-occasions.csv	Collection Occasions	Required

File Type	CSV filename	Excel worksheet name	Required
K10+ Measures	k10p.csv	K10+	Required
K5 Measures	k5.csv	K5	Required
SDQ Measures	sdq.csv	SDQ	Required
Practitioners	practitioners.csv	Practitioners	Required for first upload and when practitioner information changes. Optional otherwise
Organisations	organisations.csv	Organisations	Optional, may only be included if the user has Organisation Management Role
Metadata	metadata.csv	Metadata	Required

Example Combined Upload files can be found at Example Upload files.

6.3. File format

Requirements for file formats:

- The first row must contain the column headings as defined for each file type.
- Data elements for each file/worksheet are defined at Record formats.
- Each item is a column in the file/worksheet. The 'Field Name' as defined in Record formats must be used for the column headings. The columns must be kept in the same order.
- The second and subsequent rows must contain the data.
- 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.
- For data elements that allow multiple values, each value should be separated by a space; for example: *1 3 6*.
- All version 4.0 data uploads must include a Metadata file/worksheet. See Metadata file.

6.3.1. Metadata file

All version 4.0 data uploads must include a Metadata file/worksheet. - In the first row, the first cell must contain 'key' and the second cell must contain 'value' - In the second row, the first cell must contain 'type' and the second cell must contain 'PMHC' - In the third row, the first cell must contain 'version' and the second cell must contain '4.0'

i.e.:

key	value
type	PMHC
version	4.0

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

Example Metadata files can be found at Example Upload files.

6.3.2. Organisation file format

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

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

Example Organisation files can be found in any of the example files at Example Upload files.

6.3.3. Client format

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

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

Example Client files can be found in any of the example files at Example Upload files.

6.3.4. Intake format

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

Data elements for the intake upload file/worksheet are defined at Intake.

Example Intake files can be found in the Intake or Combined example files at Example Upload files.

6.3.5. IAR-DST format

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

Data elements for the IAR-DST upload file/worksheet are defined at IAR-DST.

Example IAR-DST files can be found in the Intake or Combined example files at Example Upload files.

6.3.6. Intake Episode format

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

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

Example Intake Episode files can be found in the Treatment or Combined example files at Example Upload files.

6.3.7. Episode file format

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

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

Example Episode files can be found in the Treatment or Combined example files at Example Upload files.

6.3.8. Service Contact file format

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

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

Example Service Contact files can be found in the Treatment or Combined example files at Example Upload files.

6.3.9. Service Contact Practitioner file format

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

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

Example Service Contact Practitioner files can be found in the Treatment or Combined example files at Example Upload files.

6.3.10. Collection Occasion file format

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

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

Example Collection Occasion files can be found in the Treatment or Combined example files at Example Upload files.

6.3.11. K10+ file format

The K10+ file/worksheet is required to be uploaded each time in the treatment service provider or combined contexts.

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

Example K10+ files can be found in the Treatment or Combined example files at Example Upload files.

6.3.12. K5 file format

The K5 file/worksheet is required to be uploaded each time in the treatment service provider or combined contexts.

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

Example K5 files can be found in the Treatment or Combined example files at Example Upload files.

6.3.13. SDQ file format

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

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

Example SDQ files can be found in the Treatment or Combined example files at Example Upload files.

6.3.14. 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 files can be found in the Treatment or Combined example files at Example Upload files.

6.4. Example Upload files

Each of the example files assumes the following organisation structure:

Organisation Key	Organisation Name	Organisation Type	Parent Organisation
PHN999	Test PHN	Primary Health Network	None
PHN999:IntakeTreatment01	Example Combined Intake/ Treatment Organisation	Private Allied Health Professional Practice	PHN999
PHN999:Treatment01	Example Treatment Organisation	Private Allied Health Professional Practice	PHN999
PHN999:Intake01	Example Intake Organisation	Other	PHN999

Table 6.4 Summary of example upload files

Context	CSV zip	XLSX
Intake	PMHC-4-0-intake.zip	PMHC-4-0-intake.xlsx
Treatment	PMHC-4-0-treatment.zip	PMHC-4-0-treatment.xlsx
Combined	PMHC-4-0-combined.zip	PMHC-4-0-combined.xlsx

6.5. Deleting records

All records except for Organisation records can be deleted via upload. Please email support@pmhc-mds.com if you need to delete an organisation.

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

Example files showing how to delete via upload:

- XLSX file containing all the worksheets.
- CSV zip containing all the csv files.

6.6. Frequently Asked Questions

Please also refer to Uploading data for answers to frequently asked questions about uploading data.

7. Data item summary

Metadata	Provider Organisation	Practitioner	Client	Intake	Intake Episode	Episode
Key	Organisation Path	Organisation Path	Organisation Path	Organisation Path	Episode Organisation Path	Organisation Path
Value	Organisation Key	Practitioner Key	Client Key	Intake Key	Episode Key	Episode Key
	Name	Practitioner Category	Statistical Linkage Key	Client Key	Intake Organisation Path	Client Key
	Legal Name	ATSI Cultural Training	Date of Birth	Client Consent to Anonymised Data	Intake Key	Episode End Date
	ABN	Year of Birth	Estimated Date of Birth Flag	Referral Date		Client Conse to Anonymis Data
	Organisation Type	Practitioner Gender	Client Gender	Program Type		Episode Completion Status
	State	Practitioner Aboriginal and Torres Strait Islander Status	Aboriginal and Torres Strait Islander Status	Referrer Profession		Referral Date
	Organisation Start Date	Active	Country of Birth	Referrer Organisation Type		Program Typ
	Organisation End Date	Practitioner Tags	Main Language Spoken at Home	Date client contacted Intake		Principal Foc of Treatment Plan
	Organisation Tags		Proficiency in Spoken English	Suicide Referral Flag		GP Mental Health Treatment Pl Flag
			Client Tags	Date referred to other service at Intake conclusion		Homelessnes Flag
				Organisation type referred to at Intake conclusion		Area of usua residence, postcode
				Referred to Organisation Path		Labour Force Status

Metadata	Provider Organisation	Practitioner	Client	Intake	Intake Episode	Episode
				Intake Tags		Employment Participation
						Source of Ca Income
						Health Care
						NDIS Partici
						Marital Statu
						Suicide Refer Flag
						Principal Diagnosis
						Additional Diagnosis
						Medication - Antipsychoti (N05A)
						Medication - Anxiolytics (N05B)
						Medication - Hypnotics ar sedatives (N
						Medication - Antidepressa (N06A)
						Medication - Psychostimu and nootropi (N06B)
						Referrer Profession
						Referrer Organisation Type
						Organisation type referred at Episode conclusion
						Episode Tags

Metadata	Provider Organisation	Practitioner	Client	Intake	Intake Episode	Episode

Metadata	Provider Organisation	Practitioner	Client	Intake	Intake Episode	Episode

8. Using the data specification to create client forms

Some consideration needs to be taken when designing forms based on this data specification.

8.1. 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.

8.2. Country of Birth

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

8.2.1. 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 Country of Birth during data entry.

8.2.2. 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 Country of Birth during data entry.

8.3. Main Language Spoken at Home

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

8.3.1. 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 Main Language Spoken at Home during data entry.

8.3.2. 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 Main Language Spoken at Home during data entry.

9. Validation Rules

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

9.1. Current Validations

9.1.1. Keys

The following rules apply to the key fields in all records:

1. All key fields are case sensitive
2. All key fields must be valid unicode characters

9.1.2. Practitioner

1. Refer to Keys for Practitioner Key validations
2. 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 Organisation Type set to '8: Aboriginal Health/ Medical Service'

3. Year of Birth must not be before 1 January 1900 and must not be in the future

9.1.3. Client

1. Refer to Keys for Client Key validations
2. Date of Birth must not be before 1 January 1900 and must not be in the future

9.1.4. Intake

1. Refer to Keys for Intake Key validations
2. The Date referred to other service at Intake conclusion must not be before the Date client contacted Intake
3. Referrer Organisation Type must be set to '98: N/A - Self referral' if and only if Referrer Profession is also '98: N/A - Self referral'
4. A maximum of one intake that is NOT concluded shall be allowed per client
5. The Referral Date
    - must not be before 1 January 2020
    - and must not be after Organisation End Date
    - and must not be in the future
6. The Date client contacted Intake
    - must not be before 1 January 2020
    - and must not be before Provider Organisation - Start Date
    - and must not be after Provider Organisation - End Date
    - and must not be in the future
7. The Date referred to other service at Intake conclusion
    - must not be before 1 January 2020
    - and must not be before Provider Organisation - Start Date
    - and must not be after Provider Organisation - End Date
    - and must not be in the future
8. If a Referred to Organisation Path is specified, that organisation must be an existing organisation within the PMHC MDS
9. Organisation type referred to at Intake conclusion will be validated as follows:
    1. If Organisation type referred to at Intake conclusion is one of *97: No Referral* or *99: Not stated/ Inadequately described*, then no other responses can be selected
    2. If Organisation type referred to at Intake conclusion is blank or *97: No Referral*, then:
        - Date referred to other service at Intake conclusion must be blank
        - Referred to Organisation Path must be blank
    3. If Organisation type referred to at Intake conclusion contains *98: Other*, then:
        - Date referred to other service at Intake conclusion must NOT be blank
    4. If Organisation type referred to at Intake conclusion is *99: Not stated/Inadequately described*, then:
        - Date referred to other service at Intake conclusion must NOT be blank
        - Referred to Organisation Path must be blank
    5. Any other values for Organisation type referred to at Intake conclusion require both
        - Date referred to other service at Intake conclusion and
        - Referred to Organisation Path

9.1.5. IAR-DST

1. Refer to Keys for Measure Key validations
2. Intake Key must be an existing Intake within the PMHC MDS
3. Both all 8 domains and the level of care must be provided
4. The IAR-DST - Recommended Level of Care must be consistent with the 8 domain scores provided

9.1.6. Intake - Episode

1. If a Intake Organisation Path is specified, that organisation must be an existing organisation within the PMHC MDS
2. If an Intake Key is specified, a Intake Organisation Path must also be specified
3. If an Episode Organisation Path is specified, that organisation must be an existing organisation within the PMHC MDS
4. Episode Key must be an existing PMHC episode within the PMHC MDS

Note: Intake Episode records can be submitted indepentantly of Intake records. The PMHC MDS does not validate that the Intake Key referenced in an Intake Episode record exists, only that the Intake Organisation Path exists.

9.1.7. Episode

1. Refer to Keys for Episode Key validations
2. The Episode End Date must not be before the Referral Date
3. Referrer Organisation Type must be set to '98: N/A - Self referral' if and only if Referrer Profession is also '98: N/A - Self referral'
4. A maximum of one episode shall be open per client
5. Open episodes must NOT have a response to both Episode End Date and Organisation type referred to at Episode conclusion
6. Closed episodes must have a response to both Episode End Date and Organisation type referred to at Episode conclusion
7. On Principal Diagnosis and 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 Referral Date was before 1 July 2017
   - The Episode Tags field must contain the `!ATAPS` flag
8. The '4: Complex care package' response for Principal Focus of Treatment Plan must only be used by selected PHN Lead Sites
9. The `!ATAPS` tag must only be included in the Episode Tags field where the Referral Date was before 1 July 2017
10. The Episode End Date

    - must not be before 1 January 2016
    - and must not be before Organisation Start Date
    - and must not be after Organisation End Date
    - and must not be in the future
11. The Referral Date

    - must not be before 1 January 2014
    - and must not be after Organisation End Date
    - and must not be in the future
12. Referral Date value of '09099999' cannot be used on new records.
13. Existing records already containing a Referral Date that is not '09099999' may not be updated to '09099999'.

9.1.8. Service Contact

1. Refer to Keys for Service Contact Key validations
2. Where Final Service Contact 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)
3. Where Final Service Contact is recorded as '1: No further services are planned for the client in the current episode', the date of the Final Service Contact must be recorded as the Episode End Date
4. Where an Episode End Date has been recorded, a later Service Contact Date must not be added
5. If Service Contact Type is '0: No contact took place', No Show must be '1: Yes'
6. If Duration is '0: No contact took place', No Show must be '1: Yes'
7. If Modality is '0: No contact took place', No Show must be '1: Yes'
8. If Modality is not '1: Face to Face', Postcode must be 9999
9. If Modality is '1: Face to Face', Postcode must not be 9999
10. If Modality is '1: Face to Face', Venue must not be '98: Not applicable (Service Contact Modality is not face to face)'
11. 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
12. If Participants is '1: Individual client' Client Participation Indicator must be '1: Yes'
13. The `!ATAPS` tag must only be included in the Service Contact Tags field where the Service Contact Date was before 30 June 2018
14. The Service Contact Date
    - must not be before 1 January 2016
    - and must not be before Organisation Start Date
    - and must not be after Organisation End Date
    - and must not be in the future
15. Start Time value of '24:00' cannot be used on new records.
16. Existing records already containing a Start Time that is not '24:00' may not be updated to '24:00'.
17. On Funding Source the value '27: Way Back Support Service' must only be used in conjunction with the Wayback Extension.
18. Where Program Type is recorded as '7: Supporting Recovery', Funding Source must be recorded as '73: Other Government Funding - Commonwealth: Other Commonwealth'
19. Where Funding Source is recorded as '73: Other Government Funding - Commonwealth: Other Commonwealth', Program Type must be '7: Supporting Recovery'

9.1.9. Service Contact Practitioner

1. Refer to Keys for Service Contact Practitioner Key validations
2. Service Contact Key must be an existing PMHC service contact within the PMHC MDS
3. Practitioner Key must be an existing PMHC practitioner within the PMHC MDS
4. One, and only one, Service Contact Practitioner per service contact must be flagged as the Primary Practitioner

9.1.10. Collection Occasion

1. Refer to Keys for Collection Occasion Key validations
2. Episode Key must be an existing PMHC episode within the PMHC MDS
3. The Collection Occasion Date

    - must not be before 1 January 2016
    - and must not be before Episode - Referral Date
    - and must not be before Provider Organisation - Start Date
    - and must not be more than 7 days after Episode - End Date
    - and must not be after Provider Organisation - End Date
    - and must not be in the future

9.1.11. K10+

1. Refer to Keys for Measure Key validations
2. Collection Occasion Key must be an existing Collection Occasion within the PMHC MDS
3. If both item scores and a total score are specified, the item scores must add up to the total score (as per Scoring the K10+)

9.1.12. K5

1. Refer to Keys for Measure Key validations
2. Collection Occasion Key must be an existing Collection Occasion within the PMHC MDS.
3. If both item scores and a total score are specified, the item scores must add up to the total score (as per Scoring the K5).

9.1.13. SDQ

1. Refer to Keys for Measure Key validations
2. Collection Occasion Key must be an existing Collection Occasion within the PMHC MDS.
3. Use the table at SDQ Data Elements to validate the items that are used in each version of the SDQ
4. If both item scores and subscales are specified, the sum of the items must agree with the subscales score (as per Scoring the SDQ)
5. If both subscales and total score are specified, the sum of the subscales must agree with the total score (as per Scoring the SDQ)

9.1.14. Organisation

1. Refer to Keys for Provider Organisation Key validations
2. The Organisation Start Date
    - must not be before 1 January 2014 or before a commissioning organisation's start date
    - and must not be after the earliest Date client contacted Intake
    - and must not be after the earliest Date referred to other service at Intake conclusion
    - and must not be after the earliest Referral Date
    - and must not be after the earliest Service Contact Date
    - and must not be after the earliest Collection Occasion Date
    - and must not be in the future
3. The Organisation End Date
    - must not be before 1 January 2014 or after a commissioning organisation's end date
    - and must not be before the latest Date client contacted Intake
    - and must not be before the latest Date referred to other service at Intake conclusion
    - and must not be before the latest Referral Date
    - and must not be before the latest Episode End Date
    - and must not be before the latest Service Contact Date
    - and must not be before the latest Collection Occasion Date
    - can be in the future

4. The ABN must adhere to the format defined by the Australian Business Register at https://abr.business.gov.au/Help/AbnFormat

10. Test Data Sets

This page has been moved to https://docs.pmhc-mds.com/third-party-developers.html#test-data-sets.

11. Reserved Tags

This page has been moved to https://docs.pmhc-mds.com/data-specifications.html#system-tags.

12. Data Specification Change log

12.1. 26/2/2025

- Reporting arrangements
  - Inputs to help replicate system generated reports
    - Moved to https://docs.pmhc-mds.com/data-specifications.html#inputs-to-help-replicate-system-generated-reports
- Reserved Tags
  - Moved to https://docs.pmhc-mds.com/data-specifications.html#system-tags
- Test Data Sets
  - Moved to https://docs.pmhc-mds.com/third-party-developers.html#test-data-sets

12.2. 17/10/2024 - 4.0.5

- Data model and specifications
  - Record formats
    - Modality - Added response '5: SMS'
    - Client Gender - Link to the ABS gender standard was linking to the lastest specification. This data item is based on their 2016 standard. Updated link to point to the ABS 2016 standard.

12.3. 22/8/2024

- Data model and specifications
  - Data model
    - Updated PMHC MDS Version 4.0 combined data model to fix the direction of the relationship between Intake Episode and Intake

12.4. 8/8/2024 - 4.0.4

- Data model and specifications
  - Record formats
    - IAR-DST - Version - Updated:
      - 2.older to 2.older-adult to be consistent with the IAR-DST usage
- Reporting arrangements
  - Inputs to help replicate system generated reports
    - Added Outcome Measure Standard Deviations for 2024

12.5. 14/6/2024 - 4.0.3

Note

This was a draft specification that was published for feedback. Version 4.0.4 was implemented based on the feedback received.

- Data model and specifications
  - Record formats
    - IAR-DST - Version - Added:
      - 2.child: IAR-DST Children (5-11 years) version 2.00
      - 2.adolescent: IAR-DST Adolescent (12-17 years) version 2.00
      - 2.adult: IAR-DST Adult (18-64 years) version 2.00
      - 2.older: IAR-DST Older Adult (65 years and over) version 2.00
    - IAR-DST - Domain 1 - IAR-DST - Domain 8 - Changed the description of the values to refer to the relevant IAR-DST specification

12.6. 22/04/2024 - 4.0.2

- Data model and specifications
  - Record formats
    - Program Type - Added '7: Supporting Recovery'
    - Funding Source - Added '73: Other Government Funding - Commonwealth: Other Commonwealth'

12.7. 2/10/2023

- Data model and specifications
  - Record formats
    - Updated Participants that code 4 should only be used if there is no client/family support network involved in the session

12.8. 26/9/2023

- Reporting arrangements
  - Inputs to help replicate system generated reports
    - Added Outcome Measure Standard Deviations for 2023.

12.9. 3/5/2023

- Data model and specifications

- Record formats
  - Confirmed that where there is a linked intake and treatment, both the Intake and Episode records must use the same:
    - Referral Date
    - Referrer Profession
    - Referrer Organisation Type
    - Suicide Referral Flag

    ie. the intake service is NOT the referrer for an episode record.
  - Updated the K10+ - Score scoring algorithm in line with https://pmhc-mds.com/communications/#/2021/08/30/notification-of-planned-K10-scoring-change/

12.10. 22/12/2022

- Changes and Upgrading from Version 2
  - Upload Specification Changes
    - Corrections to *Fig. 2.1 PMHC MDS Version 2.0.0 upload columns*:
      - Added No Show
      - Added IAR-DST - Domain 3
      - Corrected duration from duraction

12.11. 24/10/2022

- Data model and specifications
  - Key concepts
    - Added Concluded Intake
- Record formats
  - Added Notes to ABN pointing to documentation of the algorithm used to validate an ABN.
- Validation Rules
  - Updated Intake validation rules to change wording from 'open intake' to 'intake that is not concluded'
  - Added a definition of an 'intake that is not concluded'

12.12. 18/10/2022

- Data model and specifications
  - Download Specification Files
    - Added information about the format of the data specification files that are available for download.

12.13. 27/9/2022

- Data model and specifications

- Record formats
  - An Intake and IAR-DST is only required for certain Program Types. Updated Intake and Measures at Intake to specify which Program Types require an Intake and IAR-DST.

12.14. 7/9/2022

- Data model and specifications
  - Record formats
    - Corrected *Bushfire Recovery 2020* from *Bushfire Recovery 20* in Program Type.

12.15. 5/9/2022

- Changes and Upgrading from Version 2
  - Corrected typo for Continuity of Support

12.16. 26/8/2022

- Data model and specifications
  - Record formats
    - Corrected some typos in Organisation type referred to at Episode conclusion and Referrer Organisation Type

12.17. 12/8/2022 - 4.0.1

- Validation Rules
  - Removed the validation on Intakes and Episodes enforcing that the Referral Date must not be before Organisation Start Date

12.18. 8/8/2022

- Changes and Upgrading from Version 2
  - Added Mapping HeadtoHelp Episode - Referral Out Organisation Type to Organisation Type Referred to at Intake Conclusion

12.19. 5/8/2022

- Upload specification
  - Updated example upload files
- Reserved Tags
  - Updated guidance for use of the *!covid19* tag

12.20. 29/7/2022 - 4.0.0

- Changes and Upgrading from Version 2
  - Added further information to Steps required to upgrade to Version 4 uploads
- Data model and specifications
  - Data model
    - Updated data model diagrams to make Episode Organisation Path and Episode Key the primary key for Intake Episode
  - Record formats
    - Organisation type referred to at Intake conclusion is no longer required
    - Organisation type referred to at Episode conclusion is no longer required
    - Finalised domain of Program Type
    - Finalised domain of Funding Source
    - Added notes to Start Time about use of an end of day flag for service contacts uploaded in specifications prior to Version 4
    - Added notes to Referral Date about use of a missing value for episodes uploaded in specifications prior to Version 4
- Validation Rules
  - Added validation for Organisation type referred to at Intake conclusion
  - Added validation for Organisation type referred to at Episode conclusion
  - Added validation for response '27: Way Back Support Service' for Funding Source
  - Added validation for Start Time about use of an end of day flag for service contacts uploaded in specifications prior to Version 4
  - Added validation for Referral Date about use of a missing value for episodes uploaded in specifications prior to Version 4

12.21. 19/7/2022

- Added Changes and Upgrading from Version 2
- Upload specification
  - Removed Funding Source from Intake example upload files

12.22. 18/7/2022 - 4.0.0-draft.3

- Data model and specifications
  - Record formats
    - Removed Psychosocial Support from Principal Focus of Treatment Plan

12.23. 12/7/2022 - 4.0.0-draft.2

- Introduction
  - Changed terminology to use **treatment organisation** instead of **hub**

- Data model and specifications
  - Data model
    - Updated data model diagrams
  - Record formats
    - Renamed 'Intake - Funding Source' to Program Type on Intake
    - Added Program Type to Episode
    - Removed Continuity of Support from Episode
- Upload specification
  - Updated example upload files
- Validation Rules
  - Added validation for Intake - Referral Date

12.24. 1/12/2021 - 4.0.0-draft.1

- Data model and specifications
  - Record formats
    - Added Suicide Referral Flag to Intake
    - Referral Date is required on Episode
    - Updated Funding Source - Response codes designed to allow heirarchy and grouping of the funding sources

12.25. 30/11/2021

- Data model and specifications
  - Record formats
    - Updated Funding Source - Updated response codes to start from 8 to account for 7 being used in the Wayback specification.

12.26. 25/11/2021 - Draft Version 4.0

- Data model and specifications
  - Record formats
    - Added Collection Occasion