Australian Government

Department of Health

PMHC-MDS Data Specification

Version 5.0.0

As at 18 December, 2025

59770f23aa46c21c07d45f59eb837351427d8975

Table of Contents

1. Introduction

Version 5.0 includes The Way Back as part of the default specification and rebrands it to Universal Aftercare. Version 5.0 also completes the rebranding of AMHC/HeadtoHealth to Medicare Mental Health Centre (MMHC) by retiring the AMHC Program Type and renaming the Head to Health Program Type to Head To Health Clinic.

In order to support Universal Aftercare a *9: Universal Aftercare* response has been added to the Program Type field on both the Intake and Episode tables.

In addition, seven entirely new tables have been added specifically for Universal Aftercare. These tables only need to be submitted where Episodes using the new *9: Universal Aftercare* Program Type are included.

The new tables are:

- UA Episode
- UA Recommendation Out
- UA Critical Incident
- UA Plan
- UA Needs Identification
- SIDAS
- WHO-5

A new Veteran field has been added to the Intake and Episode tables. This field was included in The Way Back specification. There is a new IAR-DST varient in development for Veterans. Veterans has been included on the Intake and Episode tables instead of the new UA Episode table so that it can be used for monitoring both the IAR-DST and Univeral Aftercare.

A new IAR-DST - Practitioner Reason for Override field has been added to the IAR-DST table.

AMHC and Head to Health have been rebranded as Medicare Mental Health Centres (MMHC). Version 4.1.1 introduced the *8: MMHC* reponse for Program Type. The following changes have been applied to the Program Type field on both the Intake and Episode tables:

- *2: Head to Health* renamed to *2: Head to Health Clinic*. This response is only to be used by remaining temporary Head to Health Clinics in NSW and Victoria. Please refer to Program Type for more information.
- *3: AMHC* has been retired. An error will be returned if this response is used.

1.1. Contexts

As in the version 4 specification, there are three contexts where data can be submitted using the version 5 specification:

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

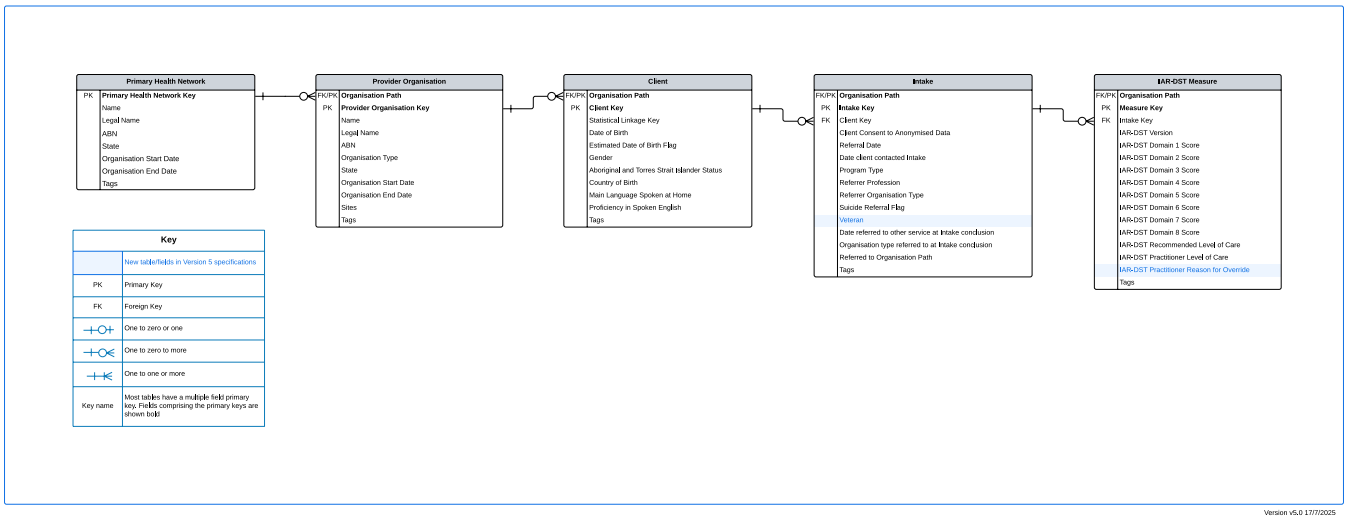
Different records in the specification are intended to be used in each of these contexts.

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:

PMHC MDS v5,0 Intake Only Data Model Usage Scenario



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

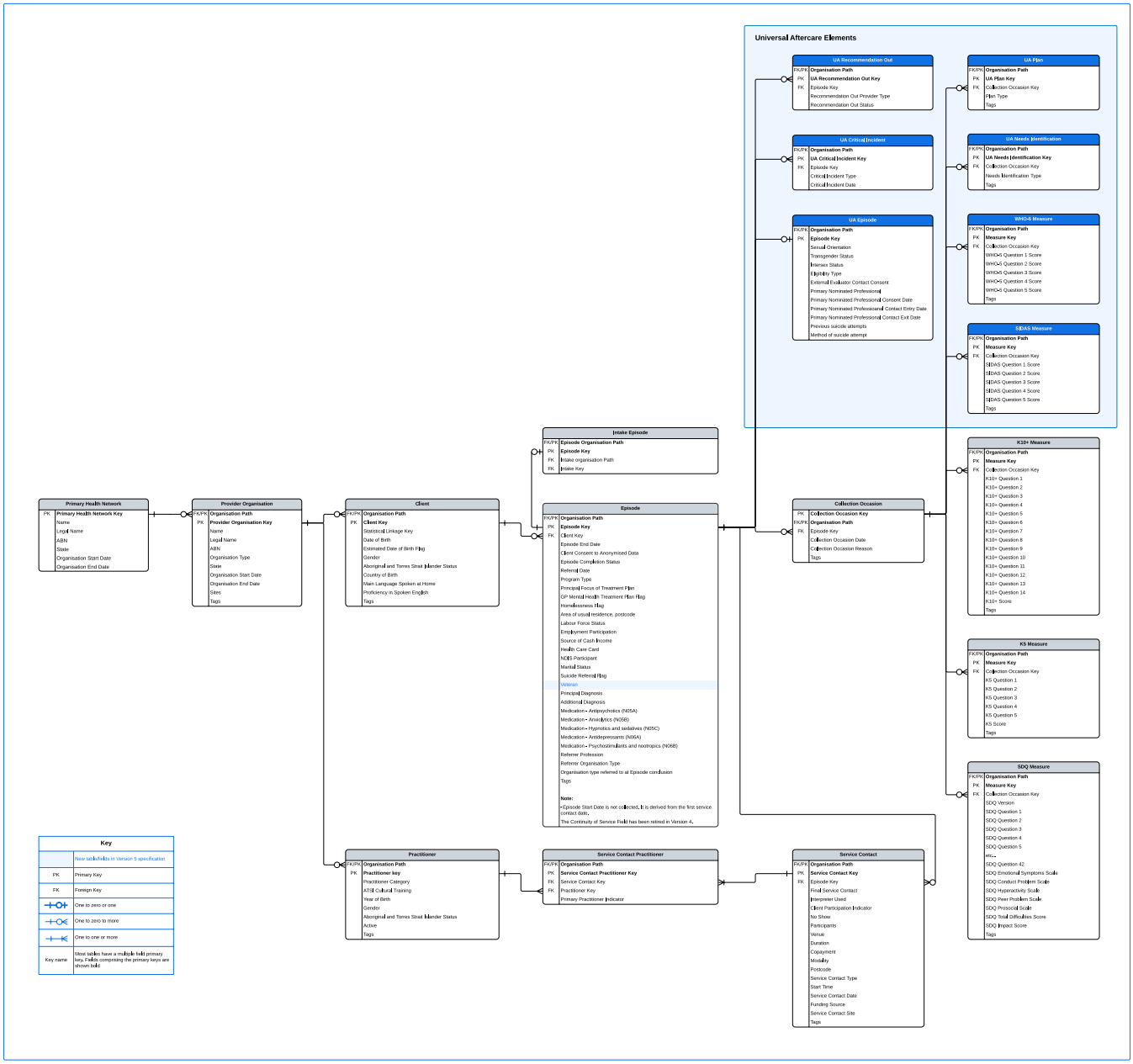
- Client
- Intake
- IAR-DST

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:



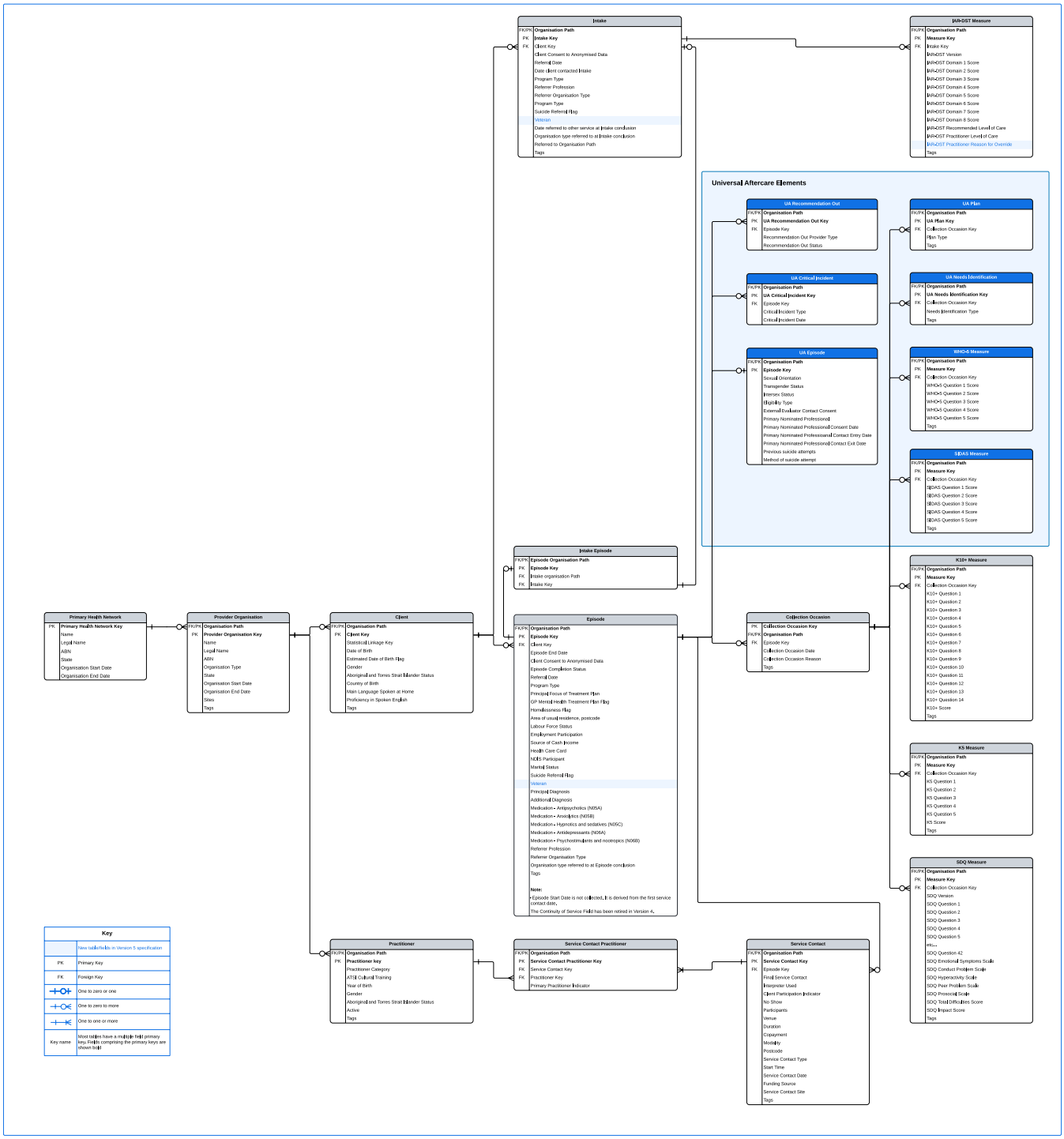
In the treatment context the Intake Episode record is used to identify referrals in from intake teams (Intake Organisation Path and Intake Key).

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

The collection of Universal Aftercare data is only required where organisations are providing the Universal Aftercare program.

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:



Logic Version v5.0 28/11/2025

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

The collection of Universal Aftercare data is only required where organisations are providing the Universal Aftercare program.

1.2. New Records and Fields in Version 5

1.2.1. UA Episode

For information on the UA Episode record please refer to UA Episode.

1.2.2. UA Recommendation Out

For information on the UA Recommendation Out record please refer to UA Recommendation Out.

1.2.3. UA Critical Incident

For information on the UA Critical Incident record please refer to UA Critical Incident.

1.2.4. UA Plan

For information on the UA Plan record please refer to UA Plan.

1.2.5. UA Needs Identification

For information on the UA Needs Identification record please refer to UA Needs Identification.

1.2.6. SIDAS

For information on the SIDAS record please refer to SIDAS.

1.2.7. WHO-5

For information on the WHO-5 record please refer to WHO-5.

1.2.8. Veteran

A new Veteran field has been added to the Intake and Episode tables. This field was included in The Way Back specification. There is a new IAR-DST varient in development for Veterans. Veterans has been included on the Intake and Episode tables instead of the new UA Episode table so that it can be used for monitoring both the IAR-DST and Univeral Aftercare.

1.2.9. IAR-DST - Practitioner Reason Override

A new IAR-DST - Practitioner Reason for Override has been added to the IAR-DST record.

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 4.1

Version 5.0 includes The Way Back as part of the default specification and rebrands it to Universal Aftercare. Version 5.0 also completes the rebranding of AMHC/HeadtoHealth to Medicare Mental Health Centre (MMHC) by retiring the AMHC Program Type and renaming the Head to Health Program Type to Head To Health Clinic.

2.1. Data Specification Changes

A summary of the changes between the PMHC MDS Version 4.1 and PMHC MDS Version 5.0 data specifications are as follows:

- The following changes have been made to support Universal Aftercare:
  - In order to support Universal Aftercare a *9: Universal Aftercare* response has been added to the Program Type field on both the Intake and Episode tables.
  - Seven entirely new tables have been added. These tables only need to be submitted where Episodes using the new *9: Universal Aftercare* Program Type are included.
    - UA Episode
    - UA Recommendation Out
    - UA Critical Incident
    - UA Plan
    - UA Needs Identification
    - SIDAS
    - WHO-5
- AMHC and Head to Health have been rebranded as Medicare Mental Health Centres (MMHC). Version 4.1.1 introduced the *8: MMHC* response for Program Type. The following changes have been applied to the Program Type field on both the Intake and Episode tables:
  - *2: Head to Health* renamed to *2: Head to Health Clinic*. This response is only to be used by remaining temporary Head to Health Clinics in New South Wales and Victoria. Please refer to Program Type for more information.
  - *3: AMHC* has been retired. An error will be returned if this response is used.
- A new Veteran field has been added to the Intake and Episode tables. This field was included in The Way Back specification. There a new IAR-DST variant has been developed for Veterans. A Veterans field has been included on the Intake and Episode tables instead of the new UA Episode table so that it can be used for monitoring both the IAR-DST and Universal Aftercare.
- A new IAR-DST - Practitioner Reason for Override has been added to the IAR-DST table.

2.2. Upload Specification Changes

The Version 4.1 and 5.0 specifications both allow 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 5.0 combined Intake/Treatment Service Provider specification and notes the differences between the Version 4.1 specification:

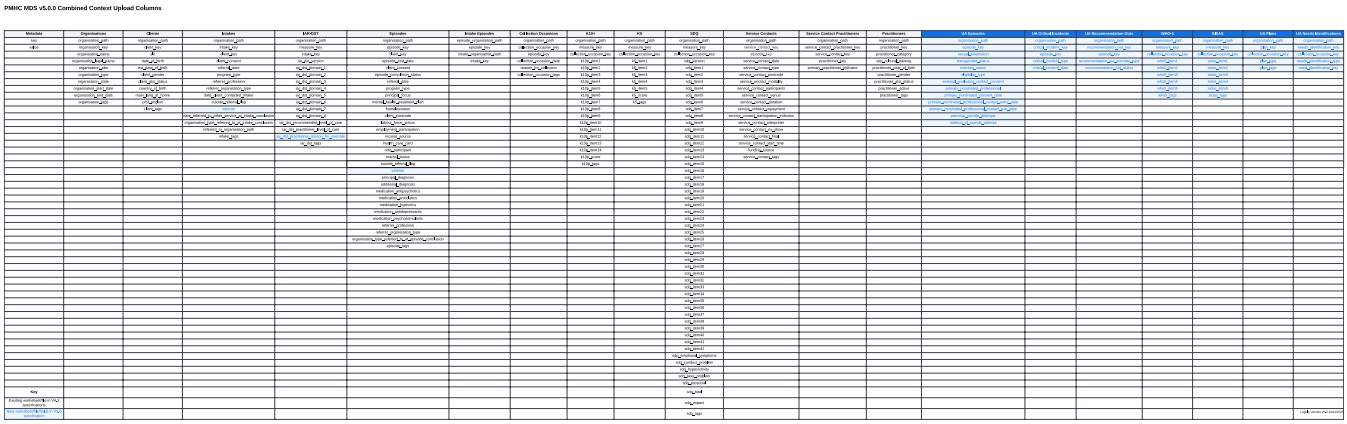


Fig. 2.1 *PMHC MDS Version 5.0.0 combined context upload columns*

Note

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

2.3. Data migration between PMHC MDS Version 4.1 and PMHC MDS Version 5.0

During the migration to PMHC Version 5.0 and when PMHC MDS Version 4.1 specifcation files are uploaded during the period when both specifications are accepted by the PMHC MDS, the existing following fields will be migrated as follows:

- Existing episodes with Program Type *3: AMHC* will be migrated to Program Type *8: MMHC*
- Existing episodes with Program Type *2: Head to Health* will be migrated to Program Type *8: MMHC*, excluding:
  - Former Pop-Up clinics and Head to Health clinics in New South Wales and Australian Capital Territory
  - Continuing Head to Health clinics in New South Wales
  - Existing Pop-Up clinics and Head to Health clinics in Victoria except for the Geelong MMHC

The following new fields will be populated as follows:

- Veteran will be set to *9: Not stated/inadequately described* - Please see Data mapping between The Way Back Version 3.0 and PMHC MDS Version 5.0 for details on how Veteran will be mapped for data submitted using The Wayback Version 3.0 specification.
- IAR-DST - Practitioner Reason for Override will be set to *9: Missing / Not specified*

2.4. Data mapping between The Way Back Version 3.0 and PMHC MDS Version 5.0

During the migration to PMHC MDS Version 5.0 and when The Way Back Version 3.0 specifcation files are uploaded during the period when both The Way Back Version 3.0 and Version 5.0 specification files are accepted by the PMHC MDS, The Way Back records will be mapped as follows:

The Way Back Record Version 3.0 Record	The Way Back Version 3.0 Field	PMHC MDS Version 5.0 Record	PMHC MD
TWB Episode	Organisation Path	UA Episode	Organisatio
TWB Episode	Episode Key	UA Episode	Episode Ke
TWB Episode	TWB Episode - Veteran	Episode	Veteran
TWB Episode	TWB Episode - Sexual Orientation	UA Episode	Sexual Orie
TWB Episode	TWB Episode - Transgender Status	UA Episode	Transgende
TWB Episode	TWB Episode - Intersex Status	UA Episode	Intersex Sta
TWB Episode	TWB Episode - Eligibility Type	UA Episode	Eligibility Ty
TWB Episode	TWB Episode - External Evaluator Contact Consent	UA Episode	External Ev Consent
TWB Episode	TWB Episode - Primary Nominated Professional	UA Episode	Primary No Professiona
TWB Episode	TWB Episode - Primary Nominated Professional Consent Date	UA Episode	Primary No Professiona
TWB Episode	TWB Episode - Primary Nominated Professional Contact Entry Date	UA Episode	Primary No Professiona Date
TWB Episode	TWB Episode - Primary Nominated Professional Contact Exit Date	UA Episode	Primary No Professiona Date
TWB Episode	TWB Episode - Previous suicide attempts	UA Episode	Previous su
TWB Episode	TWB Episode - Method of suicide attempt	UA Episode	Method of
TWB Critical Incident	Organisation Path	UA Critical Incident	Organisatio
TWB Critical Incident	TWB Critical Incident Key	UA Critical Incident	UA Critical
TWB Critical Incident	Episode Key	UA Critical Incident	Episode Ke
TWB Critical Incident	TWB Critical Incident - Type	UA Critical Incident	Critical Inci
TWB Critical Incident	TWB Critical Incident - Date	UA Critical Incident	Critical Inci
TWB Recommendation Out	Organisation Path	UA Recommendation Out	Organisatio

The Way Back Record Version 3.0 Record	The Way Back Version 3.0 Field	PMHC MDS Version 5.0 Record	PMHC MD
TWB Recommendation Out	TWB Recommendation Out Key	UA Recommendation Out	UA Recomm Key
TWB Recommendation Out	Episode Key	UA Recommendation Out	Episode Ke
TWB Recommendation Out	TWB Recommendation Out - Provider Type	UA Recommendation Out	Recommen Provider Ty
TWB Recommendation Out	TWB Recommendation Out - Recommendation Out Status	UA Recommendation Out	Recommen
TWB Plan	Organisation Path	UA Plan	Organisatio
TWB Plan	TWB Plan Key	UA Plan	UA Plan Ke
TWB Plan	Collection Occasion Key	UA Plan	Collection
TWB Plan	TWB Plan - Plan Type	UA Plan	Plan Type
TWB Plan	TWB Plan - Tags	UA Plan	Plan Tags
TWB NI	Organisation Path	UA Needs Identification	Organisatio
TWB NI	TWB NI Key	UA Needs Identification	UA Needs I
TWB NI	Collection Occasion Key	UA Needs Identification	Collection
TWB NI	TWB NI - Type	UA Needs Identification	Needs Iden
TWB NI	TWB NI - Tags	UA Needs Identification	Needs Iden

2.5. Steps required to upgrade to Version 5.0 uploads

1. Upgrade your Client Management System to export files in the new Version 5.0 format by addressing the changes described above.

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 section 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.

Client privacy is critical. To ensure client confidentiality within PMHC MDS data, all data, including keys should not contain identifying information.

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,
- UA Recommendation Out Key,
- UA Critical Incident Key,
- UA Plan Key,
- UA Needs Identification 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.

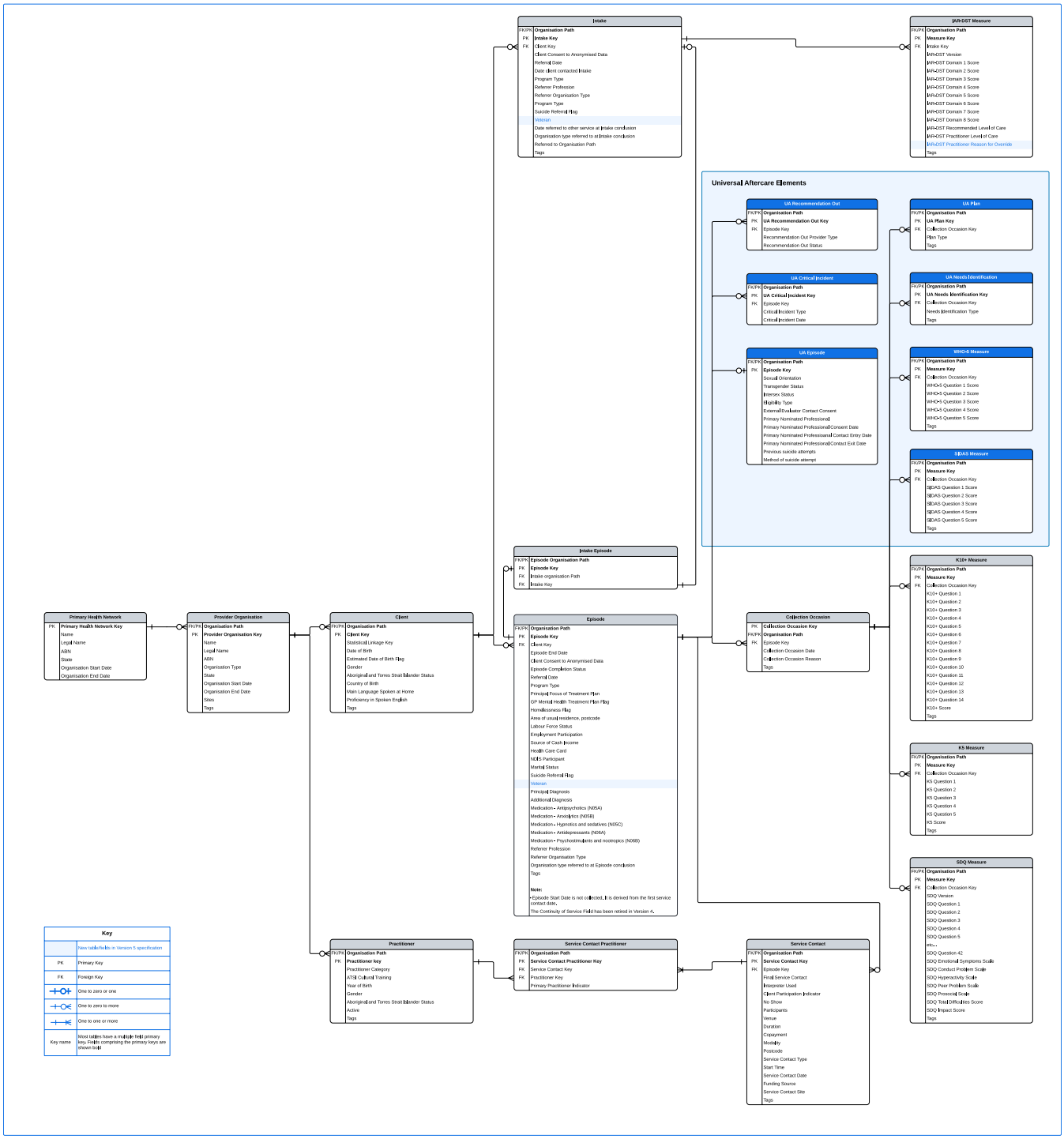


Fig. 5.1 *PMHC MDS Version 5.0 combined data model*

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 v5.0 Collection Occasion Data Model

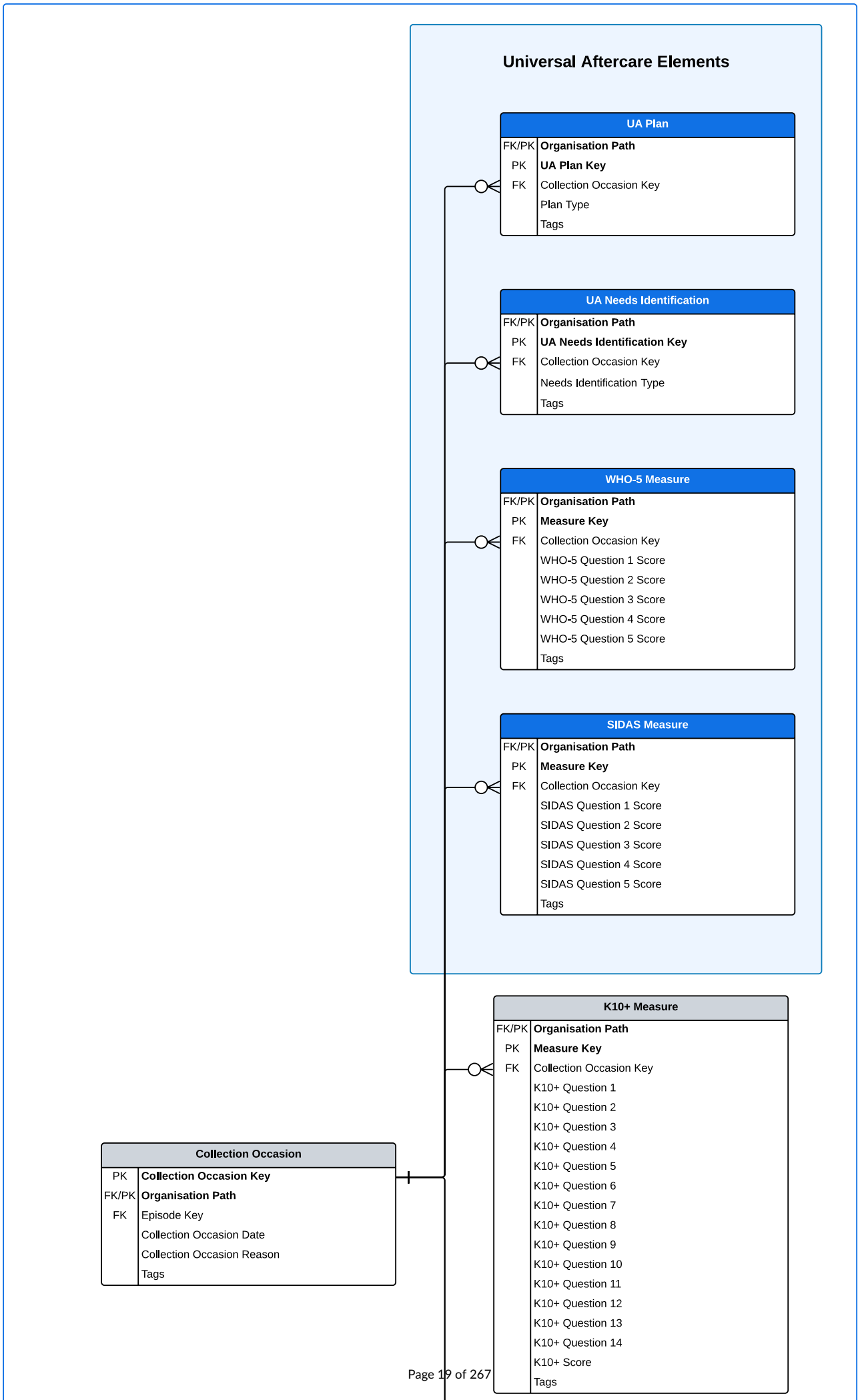


Fig. 5.2 *PMHC MDS Version 5.0 Collection Occasion data model*

Note

See PMHC MDS Version 5.0 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. Site

Some Provider Organisations provide services to clients at multiple locations. In the PMHC MDS a site is a particular location at which a Provider Organisation provides a service to a client.

5.2.4. 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.

5.2.5. Client

The Client is the person who is receiving the service.

See Client for the data elements for a client.

5.2.5.1. Active Client

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

5.2.6. 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.

5.2.6.1. Concluded Intake

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

5.2.6.2. Dispatch

A dispatch is a referral from an intake to a treatment organisation. It's called a dispatch to distinguish it from the referral that triggers a client's entry into the system (which happens either through an intake or an episode and can be recorded on both records). There can be more than one dispatch per intake from the intake organisation but an episode can only ever receive a single dispatch.

5.2.7. 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.

5.2.8. 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.

5.2.8.1. Open Episode

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

5.2.8.2. Closed Episode

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

5.2.8.3. Active Episode

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

5.2.9. UA Episode

UA Episode is the record format for collecting Universal Aftercare episode data.

See UA Episode for the data elements for UA Episode.

5.2.10. 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.

5.2.10.1. 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.

5.2.11. Service Contact Practitioner

A Service Contact Practitioner is a Practitioner who provides clinical support to a client during a specific Service Contact. More than one Practitioner can be involved in a single contact, and there can, and typically will, be different combinations of Service Contact Practitioners for different Service Contacts throughout a single Episode. A particular Practitioner must be personally involved to be counted as a Service Contact Practitioner so a case manager or care co-ordinator, for example, who has overall responsibility for a client's treatment but is not personally involved with a specific contact is not a Service Contact Practitioner.

Service Contacts can have more than one Practitioner. They should be individually listed by a Practitioner Key in Service Contact Practitioner records. One (and only one) practitioner must be identified as the primary practitioner in the set of Service Contact Practitioner records that apply to the same Service Contact.

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

5.2.12. 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.

5.2.13. UA Critical Incidents

A Critical Incident is a suicide attempt, suicide death or death by any other means of a client during the episode.

5.2.14. UA Needs Identification

A Support Plan must be completed with a client within two weeks of their first attended Service Contact. Creating a support plan requires working with the client to identify their needs. This is to build an understanding of what will be of benefit and help form the goals of their Support Plan. These identified needs will fall into one of the categories listed. Multiple needs may be identified and therefore added.

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	5.0

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 PHNs via the PMHC MDS administrative interface, or upload.

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.
Sites (sites)	string	—	Multiple comma separated values allowed
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 Clinic **4:** Psychosocial **5:** Bushfire Recovery 2020 **7:** Supporting Recovery **8:** MMHC **9:** Universal Aftercare

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

Data Element (Field Name)	Type (min,max)	Required	Format / Values
Veteran (veteran) METEOR: 737931	string	yes	**1:** Has never served **2:** Current regular service **3:** Previous regular service **4:** Current reserves service **5:** Previous reserves service **S:** Identifies as a veteran (obsolete) **9:** Not stated/ inadequately described
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 **45:** MMHC **97:** No Referral **98:** Other

Data Element (Field Name)	Type (min,max)	Required	Format / Values
			99: Not stated/ Inadequately described 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 Clinic 4: Psychosocial 5: Bushfire Recovery 2020 7: Supporting Recovery 8: MMHC 9: Universal Aftercare

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 8: Psychosocial support (obsolete)
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
Veteran (veteran) METEOR: 737931	string	yes	1: Has never served 2: Current regular service 3: Previous regular service 4: Current reserves service 5: Previous reserves service S: Identifies as a veteran (obsolete) 9: Not stated/ inadequately described

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 **25:** MMHC **99:** Not stated Multiple space separated values allowed
Episode Tags (episode_tags)	string	—	List of tags for the episode.

5.3.8. UA Episode

See Episode for definition of an episode.

UA Episodes are managed by the provider organisations via upload or data entry.

Table 5.8 UA 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 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.
Sexual Orientation (sexual_orientation)	string	yes	**1:** Straight or heterosexual **2:** Lesbian, gay or homosexual **3:** Bisexual or pansexual **4:** Asexual **5:** Questioning **6:** Other **9:** Not stated
Transgender Status (transgender_status)	string	yes	**1:** Yes **2:** No **3:** Does not want to disclose **9:** Not stated / Unknown
Intersex Status (intersex_status)	string	yes	**1:** Yes **2:** No **3:** Does not want to disclose **9:** Not stated / Unknown

Data Element (Field Name)	Type (min,max)	Required	Format / Values
Eligibility Type (eligibility_type)	string	yes	**1:** Primary Criteria **2:** Secondary Criteria **98:** Other **99:** Not stated/ Inadequately described
External Evaluator Contact Consent (external_evaluator_contact_consent)	string	yes	**1:** Consented to be contacted by external evaluators **2:** Not consented to be contacted by external evaluators **9:** Not stated/ Inadequately described
Primary Nominated Professional (primary_nominated_professional)	string	yes	**1:** Aboriginal and Torres Strait Islander Health Practice **2:** Medical **3:** Nursing and Midwifery **4:** Occupational Therapy **5:** Psychology **6:** Mental Health Social Worker **98:** Other **99:** No one nominated
Primary Nominated Professional Consent Date (primary_nominated_professional_consent_date)	date	yes	The date that the client consented to having their Primary Nominated Professional contacted.
Primary Nominated Professional Contact Entry Date (primary_nominated_professional_contact_entry_date)	date	yes	The date that the client's Primary Nominated Professional was contacted after entry.
Primary Nominated Professional Contact Exit Date (primary_nominated_professional_contact_exit_date)	date	yes	The date that the client's Primary Nominated Professional was contacted after client's exit.

Data Element (Field Name)	Type (min,max)	Required	Format / Values
Previous suicide attempts (previous_suicide_attempts)	string	yes	**1:** No **2:** Previous attempt(s) made in the past 12 months **3:** Previous attempt(s) made prior to the last 12 months **4:** Previous attempts made both within and prior to the last 12 months **7:** Not known **9:** Not stated/ Inadequately described
Method of suicide attempt (method_of_suicide_attempt)	string	yes	**0:** Not applicable **1:** Intentional self-poisoning **2:** Intentional self-harm by hanging, strangulation and suffocation **3:** Intentional self-harm by drowning and submersion **4:** Intentional self-harm by sharp object **5:** Intentional self-harm by Firearm **6:** Intentional self-harm by jumping from a high place **98:** Other **99:** Not stated/ Inadequately described

5.3.9. UA Critical Incident

Critical Incidents are managed by the provider organisations via upload or data entry.

Table 5.9 Critical Incident 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.
UA Critical Incident Key (ua_critical_incident_key)	string (2,50)	yes	This is a number or code assigned to each critical incident. The Critical Incident Key is unique and stable for each Critical Incident 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.
Critical Incident Type (critical_incident_type)	string	yes	**1:** Suicide attempt of an active client **2:** Suicide death of an active client **3:** Death by other cause of an active client **9:** Not stated/Inadequately described
Critical Incident Date (critical_incident_date)	date	yes	The date the critical incident was reported to the Service Provider.

5.3.10. UA Recommendation Out

Recommendation Outs are managed by the provider organisations via upload or data entry.

Table 5.10 Recommendation Out 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.
UA Recommendation Out Key (ua_recommendation_out_key)	string (2,50)	yes	This is a number or code assigned to each recommendation out. The Recommendation Out Key is unique and stable for each recommendation out at the lvel 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
Recommendation Out Provider Type (recommendation_out_provider_type)	string	yes	**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

Data Element (Field Name)	Type (min,max)	Required	Format / Values
			40: Sexual health service **41:** Medical specialist **97:** No Recommendation **98:** Other **99:** Not stated/Inadequately described
Recommendation Out Status (recommendation_out_status)	string	yes	**1:** Client declined to take up recommendation **2:** Service commenced **3:** Service completed **4:** Waitlisted **5:** Client deceased prior to service commencement **98:** Other **99:** Not stated/Inadequately described

5.3.11. 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 5.11 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.

Data Element (Field Name)	Type (min,max)	Required	Format / Values
Service Contact Type (service_contact_type)	string	yes	0: No contact took place 1: Assessment 2: Structured psychological intervention 3: Other psychological intervention 4: Clinical care coordination/liaison 5: Clinical nursing services 6: Child or youth specific assistance NEC 7: Suicide prevention specific assistance NEC 8: Cultural specific assistance NEC 9: Psychosocial support 98: ATAPS
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
Participants (service_contact_participants)	string	yes	1: Individual client 2: Client group 3: Family / Client Support Network 4: Other health professional or service provider 5: Other 9: Not stated

Data Element (Field Name)	Type (min,max)	Required	Format / Values
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
No Show (service_contact_no_show)	string	yes	**1:** Yes **2:** No

Data Element (Field Name)	Type (min,max)	Required	Format / Values
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.
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:** Kids Hubs **25:** Norfolk Island **26:** National Suicide Prevention Trial **27:** Universal Aftercare **28:** MMHC **73:** Other Government Funding - Commonwealth: Other Commonwealth **97:** Other funding source – no Commonwealth Funding **98:** Unknown/Not stated

Data Element (Field Name)	Type (min,max)	Required	Format / Values
Service Contact Site (service_contact_site)	string (2,50)	—	The site at which an Organisation provides services to clients.
Service Contact Tags (service_contact_tags)	string	—	List of tags for the service contact.

5.3.12. 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 5.12 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

5.3.13. 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 5.13 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.
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.

5.3.14. Measures

- Measures at Intake
  - IAR-DST
- Measures during an Episode
  - K10+
  - K5
  - SDQ
  - SIDAS
  - WHO-5
  - UA Plan
  - UA Needs Identification

5.3.14.1. Measures at Intake

- IAR-DST

5.3.14.1.1. 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. IAR DST v2 adds child, adolescent, and older adult adaptions. The PMHC MDS implementation of this change is backward compatible with the existing IAR DST v1 format as the only difference is the extension of the IAR-DST - Version domain with IAR DST 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 5.14 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.

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

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

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

Data Element (Field Name)	Type (min,max)	Required	Format / Values
IAR-DST - Practitioner Reason for Override (iar_dst_practitioner_reason_for_override)	string	—	1: Service availability 2: Personal circumstances and preferences of the individual patient/consumer 3: Clinical judgement 4: Other 9: Missing / Not specified Multiple space separated values allowed
IAR-DST - Tags (iar_dst_tags)	string	—	List of tags for the measure.

5.3.14.2. Measures during an Episode

- K10+
- K5
- SDQ
- SIDAS
- WHO-5
- UA Plan
- UA Needs Identification

The PMHC MDS requires the use of one of the following three measures:

- **For adults (18+ years)**
  - Kessler Psychological Distress Scale (K10+) is the prescribed measure
  - There is the option to use the Kessler 5 (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.

> **Note**
>
> For adolescents, clinician-discretion is allowed, and the K10+ or K5 may be used, even though the person is under 18 years

The following measures are availble for the Universal Aftercare Program Type:

- Suicide Ideation Attributes Scale (SIDAS)
- World Health Organization's Five Well-Being Index (WHO-5)

The following additional information is also available to be collected for the Universal Aftercare Program Type:

- Universal Aftercare Plan (UA Plan)
- Universal Aftercare Needs Identification (UA Needs Identification)

5.3.14.2.1. 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+.

Kessler 10 Plus (K10+) provides a copy of the K10+ and information about scoring.

Table 5.15 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

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

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

5.3.14.2.2. 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.

Kessler 5 (K5) provides a copy of the K5 and information about scoring.

Table 5.16 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
K5 - Question 2 (k5_item2)	string	yes	**1:**None of the time **2:**A little of the time **3:**Some of the time **4:**Most of the time **5:**All of the time **9:**Not stated / Missing
K5 - Question 3 (k5_item3)	string	yes	**1:**None of the time **2:**A little of the time **3:**Some of the time **4:**Most of the time **5:**All of the time **9:**Not stated / Missing
K5 - Question 4 (k5_item4)	string	yes	**1:**None of the time **2:**A little of the time **3:**Some of the time **4:**Most of the time **5:**All of the time **9:**Not stated / Missing

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

5.3.14.2.3. SDQ

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.

Strengths and Difficulties Questionnaire (SDQ) provides further information about the versions of the SDQ that are mandated for Australian Specialised and Primary Mental Health Care settings and about scoring the SDQ.

Table 5.17 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.

5.3.14.2.4. SIDAS

The SIDAS measure is available for episodes delivered under the Universal Aftercare Program Type.

Suicidal Ideation Attributes Scale (SIDAS) provides a copy of the SIDAS and information about scoring.

Table 5.18 SIDAS 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.
SIDAS - Question 1 (sidas_item1)	string	yes	0 - 10, 99 = Not stated / Missing
SIDAS - Question 2 (sidas_item2)	string	yes	0 - 10, 98 = Not required, 99 = Not stated / Missing
SIDAS - Question 3 (sidas_item3)	string	yes	0 - 10, 98 = Not required, 99 = Not stated / Missing
SIDAS - Question 4 (sidas_item4)	string	yes	0 - 10, 98 = Not required, 99 = Not stated / Missing
SIDAS - Question 5 (sidas_item5)	string	yes	0 - 10, 98 = Not required, 99 = Not stated / Missing
SIDAS - Tags (sidas_tags)	string	—	List of tags for the collection occasion.

5.3.14.2.5. WHO-5

The WHO-5 measure is available for episodes delivered under the Universal Aftercare Program Type.

The World Health Organization-Five Well-Being Index (WHO-5) provides a copy of the SIDAS and information about scoring.

Table 5.19 WHO-5 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.

Data Element (Field Name)	Type (min,max)	Required	Format / Values
WHO-5 - Question 1 (who5_item1)	string	yes	**0:**At no time **1:**Some of the time **2:**Less than half of the time **3:**More than half of the time **4:**Most of the time **5:**All of the time **9:**Not stated / Missing
WHO-5 - Question 2 (who5_item2)	string	yes	**0:**At no time **1:**Some of the time **2:**Less than half of the time **3:**More than half of the time **4:**Most of the time **5:**All of the time **9:**Not stated / Missing
WHO-5 - Question 3 (who5_item3)	string	yes	**0:**At no time **1:**Some of the time **2:**Less than half of the time **3:**More than half of the time **4:**Most of the time **5:**All of the time **9:**Not stated / Missing
WHO-5 - Question 4 (who5_item4)	string	yes	**0:**At no time **1:**Some of the time **2:**Less than half of the time **3:**More than half of the time **4:**Most of the time **5:**All of the time **9:**Not stated / Missing
WHO-5 - Question 5 (who5_item5)	string	yes	**0:**At no time **1:**Some of the time **2:**Less than half of the time **3:**More than half of the time **4:**Most of the time **5:**All of the time **9:**Not stated / Missing
WHO-5 - Tags (who5_tags)	string	—	List of tags for the collection occasion.

5.3.14.2.6. UA Plan

A UA Plan is available for episodes delivered under the Universal Aftercare Program Type.

Table 5.20 UA Plan 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.
UA Plan Key (ua_plan_key)	string (2,50)	yes	This is a number or code assigned to each instance of a UA Plan. The UA Plan 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.
Plan Type (plan_type)	string	yes	**1:**Safety **2:**Support
Plan Tags (plan_tags)	string	—	List of tags for the collection occasion.

5.3.14.2.7. UA Needs Identification

UA Needs Identification is available for episodes delivered under the Universal Aftercare Program Type.

Table 5.21 UA Needs Identification 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.
UA Needs Identification Key (ua_needs_identification_key)	string (2,50)	yes	This is a number or code assigned to each instance of a UA NI. The UA NI Key is unique and stable for each instance of a UA NI 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.

Data Element (Field Name)	Type (min,max)	Required	Format / Values
Needs Identification Type (needs_identification_type)	string	yes	**1:** Health (Physical) **2:** Self-esteem **3:** Mental Health Condition **4:** Home **5:** Education/Employment **6:** Sexual/Physical/Emotional Abuse **7:** Marital/De facto Relationship **8:** Financial Problems **9:** Sexual Identity/Orientation **10:** Sense of Self **11:** Loss of Hope **12:** Drugs/Alcohol **13:** Family History Mental Health Problems **14:** Family History Suicide /Attempt **15:** Other knowledge of suicide **16:** Grief and Loss **17:** Social support/sense of belonging **18:** Coping/problem solving ability **19:** Cultural identity **20:** Child rearing or care taking responsibilities **21:** Help-seeking behaviour **22:** Religion **23:** Self Care **24:** Daily Structure **98:** Other **99:** Not stated/Inadequately described Multiple space separated values allowed
Needs Identification Tags (needs_identification_tags)	string	—	List of tags for the Needs Identification.

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

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: **9 - Not stated/inadequately described**

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 has 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.

Note

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)

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 a 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 a measure undertaken during the course of an Episode of Care that post-dates Episode Start and pre-dates Episode End. A 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 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. Critical Incident Date

The date the critical incident was reported to the Service Provider.

Field name: critical_incident_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.

Requires services to record the date of when a critical incident was reported.

If the reported date of the critical incident is unknown, 09099999 should be used.

- The critical incident date must not be before 1st January 2019.
- The critical incident date must not be in the future.

5.4.19. Critical Incident Type

The type of critical incident.

Field name: critical_incident_type
Data type: string
Required: yes
Domain: **1:** Suicide attempt of an active client
2: Suicide death of an active client
3: Death by other cause of an active client
9: Not stated/Inadequately described

Notes: **Reporting requirements**

Mandatory where a critical incident is reported.

Guide for use

It is acknowledged that due to the nature of the project and the reporting of suicide, Beyond Blue and stakeholders may not be advised of all critical incidents. It is also acknowledged that each Service Provider will have the appropriate management strategies in place for handling Critical Incidents.

5.4.20. 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.

5.4.21. 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

5.4.22. 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.

5.4.23. 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.

5.4.24. Eligibility Type

The criteria by which a client is assessed as being eligible for the Universal Aftercare service, as represented by a code.

Field name: eligibility_type
Data type: string
Required: yes
Domain:
1: Primary Criteria

2: Secondary Criteria

98: Other

99: Not stated/Inadequately described

Notes: **1 - Primary Eligibility Criteria**

The primary eligibility criteria are met when a person is referred to Universal Aftercare after presenting to a hospital emergency department or community mental health service following a suicide attempt. A suicide attempt is defined as a “non-fatal self-directed potentially injurious behaviour with any intent to die as a result of the behaviour”. A suicide attempt may or may not result in physical injury and may or may not result in a hospital admission.

2 - Secondary Eligibility Criteria

The secondary eligibility criteria are met when a person is referred to Universal Aftercare after presenting to a hospital emergency department or community mental health service in or following a suicidal crisis and whose risk of suicide is identified as imminent. A suicidal crisis is defined as a person experiencing distress, suicidal thoughts and articulating an intent to die. A suicidal crisis may or may not result in a hospital admission.

5.4.25. 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

5.4.26. 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.

Note

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.

5.4.27. 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.

Note

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

5.4.28. 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.

5.4.29. 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

5.4.30. 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`.

5.4.31. 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

5.4.32. External Evaluator Contact Consent

The status of whether the client has consented to be contacted by external evaluators, as represented by a code.

Field name: external_evaluator_contact_consent
Data type: string
Required: yes
Domain: **1:** Consented to be contacted by external evaluators
2: Not consented to be contacted by external evaluators
9: Not stated/Inadequately described

Notes: **Guide for use**

If the client consents to be contacted for the evaluation, this does not mean they have to take part in any activities and can choose to withdraw their consent at any time.

5.4.33. 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.

5.4.34. 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: Kids Hubs
25: Norfolk Island
26: National Suicide Prevention Trial
27: Universal Aftercare
28: MMHC

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.

0 - Flexible funding pool - Not Otherwise Stated

This response must only be used on existing records. It is not allowed on new records.

23 - Head to Health program

This response must only be used where the Program Type is '2 - Head to Health Clinic'.

25 - Norfolk Island

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

27 - Universal Aftercare

This response must only be used where the Program Type is '9 - Universal Aftercare'.

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.

5.4.35. 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

5.4.36. 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

5.4.37. 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

5.4.38. 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

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5.4.39. 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

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5.4.40. 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

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5.4.41. 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

5.4.42. 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

5.4.43. 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

5.4.44. 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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5.4.45. 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

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5.4.46. 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.

5.4.47. IAR-DST - Practitioner Reason for Override

The reason the practitioner recommended a different level of care than the level calculated by the IAR Decision Support Tool

Field name: iar_dst_practitioner_reason_for_override
Data type: string
Required: no

Domain:
1: Service availability
2: Personal circumstances and preferences of the individual patient/consumer
3: Clinical judgement
4: Other
9: Missing / Not specified

Multiple space separated values allowed

Notes: The Initial Assessment and Referral Decision Support Tool allows for the provision of a reason for a practitioner override of the IAR-DST level.

1 - Services availability

e.g. services at recommended level of care not available

2 - Personal circumstances and preferences of the individual patient/consumer

3 - Clinical judgement

e.g. concerns about other health, social or risk and safety issues

4 - Other

5.4.48. 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

5.4.49. 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`.

5.4.50. 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

5.4.51. 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.

5.4.52. 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

5.4.53. 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`.

5.4.54. 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.

5.4.55. Intersex Status

An indication of whether the client has an intersex status, as represented by a code.

Field name: intersex_status
Data type: string
Required: yes
Domain: **1:** Yes
2: No
3: Does not want to disclose
9: Not stated / Unknown

Notes: **Guide for use**

The term intersex is used to describe people who are born with sex characteristics, including genitals, gonads and chromosome patterns, that do not fit typical binary notions of male and female bodies

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5.4.56. 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.

5.4.57. 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'

5.4.58. 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'

5.4.59. 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’

5.4.60. 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’

5.4.61. 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’

5.4.62. K5 - Score

The overall K5 score.

Field name: k5_score
Data type: integer
Required: yes
Domain: 5 - 25, 99 = Not stated / Missing
Notes: Kessler 5 (K5) provides a copy of the K5 and information about scoring.

5.4.63. 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`.

5.4.64. 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'

5.4.65. 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'

5.4.66. 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'

5.4.67. 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’

5.4.68. 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’

5.4.69. 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’

5.4.70. 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'

5.4.71. 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'

5.4.72. 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’

5.4.73. 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’

5.4.74. 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.

5.4.75. 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.

5.4.76. 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.

5.4.77. 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.

5.4.78. K10+ - Score

The overall K10 score.

Field name: k10p_score
Data type: integer
Required: yes
Domain: 10 - 50, 99 = Not stated / Missing
Notes: Kessler 10 Plus (K10+) provides a copy of the K10+ and information about scoring.

5.4.79. 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`.

5.4.80. 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)

METEOR: 621450

5.4.81. Legal Name

The legal name of the provider organisation.

Field name: organisation_legal_name
Data type: string
Required: no

5.4.82. Main Language Spoken at Home

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

Field name: main_lang_at_home
Data type: string (4)
Required: yes
Domain:
1101: Gaelic (Scotland)
1102: Irish
1103: Welsh
1199: Celtic, nec
1201: English
1301: German
1302: Letzeburgish
1303: Yiddish
1401: Dutch
1402: Frisian
1403: Afrikaans
1501: Danish
1502: Icelandic

1503: Norwegian

1504: Swedish

1599: Scandinavian, nec

1601: Estonian

1602: Finnish

1699: Finnish and Related Languages, nec

2101: French

2201: Greek

2301: Catalan

2302: Portuguese

2303: Spanish

2399: Iberian Romance, nec

2401: Italian

2501: Maltese

2901: Basque

2902: Latin

2999: Other Southern European Languages, nec

3101: Latvian

3102: Lithuanian

3301: Hungarian

3401: Belorussian

3402: Russian

3403: Ukrainian

3501: Bosnian

3502: Bulgarian

3503: Croatian

3504: Macedonian

3505: Serbian

3506: Slovene

3507: Serbo-Croatian/Yugoslavian, so described

3601: Czech

3602: Polish

3603: Slovak

3604: Czechoslovakian, so described

3901: Albanian

3903: Aromunian (Macedo-Romanian)

3904: Romanian

3905: Romany

3999: Other Eastern European Languages, nec

4101: Kurdish

4102: Pashto

4104: Balochi

4105: Dari

4106: Persian (excluding Dari)

4107: Hazaraghi

4199: Iranic, nec

4202: Arabic

4204: Hebrew

4206: Assyrian Neo-Aramaic

4207: Chaldean Neo-Aramaic

4208: Mandaean (Mandaic)

4299: Middle Eastern Semitic Languages, nec

4301: Turkish

4302: Azeri

4303: Tatar

4304: Turkmen

4305: Uygur

4306: Uzbek

4399: Turkic, nec

4901: Armenian

4902: Georgian

4999: Other Southwest and Central Asian Languages, nec

5101: Kannada

5102: Malayalam

5103: Tamil

5104: Telugu

5105: Tulu

5199: Dravidian, nec

5201: Bengali

5202: Gujarati

5203: Hindi

5204: Konkani

5205: Marathi

5206: Nepali

5207: Punjabi

5208: Sindhi

5211: Sinhalese

5212: Urdu

5213: Assamese

5214: Dhivehi

5215: Kashmiri

5216: Oriya

5217: Fijian Hindustani

5299: Indo-Aryan, nec

5999: Other Southern Asian Languages
6101: Burmese
6102: Chin Haka
6103: Karen
6104: Rohingya
6105: Zomi
6199: Burmese and Related Languages, nec
6201: Hmong
6299: Hmong-Mien, nec
6301: Khmer
6302: Vietnamese
6303: Mon
6399: Mon-Khmer, nec
6401: Lao
6402: Thai
6499: Tai, nec
6501: Bisaya
6502: Cebuano
6503: Ilokano
6504: Indonesian
6505: Malay
6507: Tetum
6508: Timorese
6511: Tagalog
6512: Filipino
6513: Acehnese
6514: Balinese
6515: Bikol
6516: Iban
6517: Ilonggo (Hiligaynon)
6518: Javanese
6521: Pampangan
6599: Southeast Asian Austronesian Languages, nec
6999: Other Southeast Asian Languages
7101: Cantonese
7102: Hakka
7104: Mandarin
7106: Wu
7107: Min Nan
7199: Chinese, nec
7201: Japanese
7301: Korean

7901: Tibetan
7902: Mongolian
7999: Other Eastern Asian Languages, nec
8101: Anindilyakwa
8111: Maung
8113: Ngan'gikurunggurr
8114: Nunggubuyu
8115: Rembarrnga
8117: Tiwi
8121: Alawa
8122: Dalabon
8123: Gudanji
8127: Iwaidja
8128: Jaminjung
8131: Jawoyn
8132: Jingulu
8133: Kunbarlang
8136: Larrakiya
8137: Malak Malak
8138: Mangarrayi
8141: Maringarr
8142: Marra
8143: Marrithiyel
8144: Matngala
8146: Murrinh Patha
8147: Na-kara
8148: Ndjebbana (Gunavidji)
8151: Ngalakgan
8152: Ngaliwurru
8153: Nungali
8154: Wambaya
8155: Wardaman
8156: Amurdak
8157: Garrwa
8158: Kuwema
8161: Marramaninyshi
8162: Ngandi
8163: Waanyi
8164: Wagiman
8165: Yanyuwa
8166: Marridan (Maridan)
8171: Gundjeihmi

8172: Kune

8173: Kuninjku

8174: Kunwinjku

8175: Mayali

8179: Kunwinjkuan, nec

8181: Burarra

8182: Gun-nartpa

8183: Gurr-goni

8189: Burarran, nec

8199: Arnhem Land and Daly River Region Languages, nec

8211: Galpu

8212: Golumala

8213: Wangurri

8219: Dhangu, nec

8221: Dhalwangu

8222: Djarrwark

8229: Dhay'yi, nec

8231: Djambarrpuyngu

8232: Djapu

8233: Daatiwuy

8234: Marrangu

8235: Liyagalawumirr

8236: Liyagawumirr

8239: Dhuwal, nec

8242: Gumatj

8243: Gupapuyngu

8244: Guyamirrilili

8246: Manggalili

8247: Wubulkarra

8249: Dhuwala, nec

8251: Wurlaki

8259: Djinang, nec

8261: Ganalbingu

8262: Djinba

8263: Manyjalpingu

8269: Djinba, nec

8271: Ritharrngu

8272: Wagilak

8279: Yakuy, nec

8281: Nhangu

8282: Yan-nhangu

8289: Nhangu, nec

8291: Dhuwaya

8292: Djangu

8293: Madarrpa

8294: Warramiri

8295: Rirratjingu

8299: Other Yolngu Matha, nec

8301: Kuku Yalanji

8302: Guugu Yimidhirr

8303: Kuuku-Ya'u

8304: Wik Mungkan

8305: Djabugay

8306: Dyirbal

8307: Girramay

8308: Koko-Bera

8311: Kuuk Thayorre

8312: Lamalama

8313: Yidiny

8314: Wik Ngathan

8315: Alngith

8316: Kugu Muminh

8317: Morrobalama

8318: Thaynakwith

8321: Yupangathi

8322: Tjungundji

8399: Cape York Peninsula Languages, nec

8401: Kalaw Kawaw Ya/Kalaw Lagaw Ya

8402: Meriam Mir

8403: Yumplatok (Torres Strait Creole)

8504: Bilinarra

8505: Gurindji

8506: Gurindji Kriol

8507: Jaru

8508: Light Warlpiri

8511: Malngin

8512: Mudburra

8514: Ngardi

8515: Ngarinyman

8516: Walmajarri

8517: Wanyjirra

8518: Warlmanpa

8521: Warlpiri

8522: Warumungu

8599: Northern Desert Fringe Area Languages, nec

8603: Alyawarr

8606: Kaytetye

8607: Antekerrepenh

8611: Central Anmatyerr

8612: Eastern Anmatyerr

8619: Anmatyerr, nec

8621: Eastern Arrernte

8622: Western Arrarnta

8629: Arrernte, nec

8699: Arandic, nec

8703: Antikarinya

8704: Kartujarra

8705: Kukatha

8706: Kukatja

8707: Luritja

8708: Manyjilyjarra

8711: Martu Wangka

8712: Ngaanyatjarra

8713: Pintupi

8714: Pitjantjatjara

8715: Wangkajunga

8716: Wangkatha

8717: Warnman

8718: Yankunytjatjara

8721: Yulparija

8722: Tjupany

8799: Western Desert Languages, nec

8801: Bardi

8802: Bunuba

8803: Gooniyandi

8804: Miriwoong

8805: Ngarinyin

8806: Nyikina

8807: Worla

8808: Worrorra

8811: Wunambal

8812: Yawuru

8813: Gambera

8814: Jawi

8815: Kija

8899: Kimberley Area Languages, nec

8901: Adnymathanha
8902: Arabana
8903: Bandjalang
8904: Banyjima
8905: Batjala
8906: Bidjara
8907: Dhanggatti
8908: Diyari
8911: Gamilaraay
8913: Garuwali
8914: Githabul
8915: Gumbaynggir
8916: Kanai
8917: Karajarri
8918: Kariyarra
8921: Kaurna
8922: Kayardild
8924: Kriol
8925: Lardil
8926: Mangala
8927: Muruwari
8928: Narungga
8931: Ngarluma
8932: Ngarrindjeri
8933: Nyamal
8934: Nyangumarta
8935: Nyungar
8936: Paakantyi
8937: Palyku/Nyiyaparli
8938: Wajarri
8941: Wiradjuri
8943: Yindjibarndi
8944: Yinhawangka
8945: Yorta Yorta
8946: Baanbay
8947: Badimaya
8948: Barababaraba
8951: Dadi Dadi
8952: Dharawal
8953: Djabwurrung
8954: Gudjal
8955: Keerray-Woorroong

8956: Ladji Ladji

8957: Mirning

8958: Ngatjumaya

8961: Waluwarra

8962: Wangkangurru

8963: Wargamay

8964: Wergaia

8965: Yugambeh

8998: Aboriginal English, so described

8999: Other Australian Indigenous Languages, nec

9101: American Languages

9201: Acholi

9203: Akan

9205: Mauritian Creole

9206: Oromo

9207: Shona

9208: Somali

9211: Swahili

9212: Yoruba

9213: Zulu

9214: Amharic

9215: Bemba

9216: Dinka

9217: Ewe

9218: Ga

9221: Harari

9222: Hausa

9223: Igbo

9224: Kikuyu

9225: Krio

9226: Luganda

9227: Luo

9228: Ndebele

9231: Nuer

9232: Nyanja (Chichewa)

9233: Shilluk

9234: Tigre

9235: Tigrinya

9236: Tswana

9237: Xhosa

9238: Seychelles Creole

9241: Anuak

9242: Bari

9243: Bassa

9244: Dan (Gio-Dan)

9245: Fulfulde

9246: Kinyarwanda (Rwanda)

9247: Kirundi (Rundi)

9248: Kpelle

9251: Krahn

9252: Liberian (Liberian English)

9253: Loma (Lorma)

9254: Lumun (Kuku Lumun)

9255: Madi

9256: Mandinka

9257: Mann

9258: Moro (Nuba Moro)

9261: Themne

9262: Lingala

9299: African Languages, nec

9301: Fijian

9302: Gilbertese

9303: Maori (Cook Island)

9304: Maori (New Zealand)

9306: Nauruan

9307: Niue

9308: Samoan

9311: Tongan

9312: Rotuman

9313: Tokelauan

9314: Tuvaluan

9315: Yapese

9399: Pacific Austronesian Languages, nec

9402: Bislama

9403: Hawaiian English

9404: Norf'k-Pitcairn

9405: Solomon Islands Pijin

9499: Oceanian Pidgins and Creoles, nec

9502: Kiwai

9503: Motu (HiriMotu)

9504: Tok Pisin (Neomelanesian)

9599: Papua New Guinea Languages, nec

9601: Invented Languages

9701: Auslan

9702: Key Word Sign Australia

9799: Sign Languages, nec

9999: Unknown

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

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

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

METEOR: 460125

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

5.4.83. 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

5.4.84. 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.

5.4.85. 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

5.4.86. 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

5.4.87. 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

5.4.88. 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

5.4.89. 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

5.4.90. Method of suicide attempt

Identifies the method of the most recent suicide attempt, as represented by a code.

Field name: method_of_suicide_attempt
Data type: string
Required: yes
Domain:
0: Not applicable
1: Intentional self-poisoning
2: Intentional self-harm by hanging, strangulation and suffocation
3: Intentional self-harm by drowning and submersion
4: Intentional self-harm by sharp object
5: Intentional self-harm by Firearm
6: Intentional self-harm by jumping from a high place
98: Other
99: Not stated/Inadequately described

5.4.91. 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.

5.4.92. Name

The name of the provider organisation.

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

5.4.93. 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

5.4.94. Needs Identification Tags

List of tags for the Needs Identification.

Field name: needs_identification_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`.

5.4.95. Needs Identification Type

The identified needs of the client at commencement or review of the service.

Field name: needs_identification_type

Data type: string

Required: yes

Domain: **1:** Health (Physical)

2: Self-esteem

3: Mental Health Condition

4: Home

5: Education/Employment

6: Sexual/Physical/Emotional Abuse

7: Marital/De facto Relationship

8: Financial Problems

9: Sexual Identity/Orientation

10: Sense of Self

11: Loss of Hope

12: Drugs/Alcohol

13: Family History Mental Health Problems
14: Family History Suicide /Attempt
15: Other knowledge of suicide
16: Grief and Loss
17: Social support/sense of belonging
18: Coping/problem solving ability
19: Cultural identity
20: Child rearing or care taking responsibilities
21: Help-seeking behaviour
22: Religion
23: Self Care
24: Daily Structure
98: Other
99: Not stated/Inadequately described

Multiple space separated values allowed

Notes: **Reporting requirements**

The Needs Identification (NI) is a screening process where the psychosocial needs of a client are identified. It provides the basis for the creation of a Support Plan and is considered a useful way to help understand client support needs and service goals. The needs identified through this process should inform the client's goals and recommendations to community-based services.

The NI must be administered at a minimum at the following points of service participation:

- At the start of Universal Aftercare
- At the six-week or mid-point of the expected support period
- At exit from the service

5.4.96. 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.

5.4.97. 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.

5.4.98. 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.

5.4.99. 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

5.4.100. 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.

5.4.101. 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`.

5.4.102. 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.

5.4.103. 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
25: MMHC
99: Not stated

Multiple space separated values allowed

Notes: **2 - Medical Specialist Consulting Rooms**

Includes private medical practitioner rooms in public or private hospital or other settings.

4 - 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).

0 - None/Not applicable

Should only be selected in instances of Self referral.

5.4.104. 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
45:MMHC
97: No Referral
98: Other
99: Not stated/Inadequately described

Multiple space separated values allowed

Notes: 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.

5.4.105. 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.

5.4.106. Plan Tags

List of tags for the collection occasion.

Field name: plan_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`.

5.4.107. Plan Type

The type of plan.

Field name: plan_type
Data type: string
Required: yes
Domain: **1:** Safety
2: Support

Notes: **1 - Safety Plan**

Clients referred to Universal Aftercare may have commenced the process of safety planning as part of their discussions with Emergency Department or Ward staff. Any existing safety plans completed by hospital or staff should be shared with or requested by the Universal Aftercare service provider and updated as part of preliminary discussions with Universal Aftercare clients. Where clients referred to Universal Aftercare have not completed any safety planning prior to their referral this should be completed as a priority once the client has consented to participate in Universal Aftercare.

Safety Plans must be updated/developed within the first contact with the client. Safety plans should be reviewed with a client as needed. Each instance of the review and update of a safety plan should be recorded.

Service Providers should choose the most appropriate Support Plan template for their service. The TWB Tools and Templates provide a sample of one and there is also the BeyondNow app.

2 - Support Plan

All Universal Aftercare service providers must work collaboratively with their clients to develop a Support Plan that articulates:

- the client's **needs** as assessed using the Support Tools
- the client's **goals** of participating in Universal Aftercare
- proposed **actions and interventions** planned to address identified needs and goals including referrals to be made

In developing a Support Plan, discussion with clients should consider warning signs, strengths, support mechanisms and strategies that have enabled them to take the next steps. Needs Identified in this process are to be grouped and reported in the UA NI data collection.

A Support Plan must be completed with a client within two weeks of their consenting to participate in the service. To identify a client's needs and build an understanding of what support will be of benefit, all Support Tools and Measures should be completed prior to completing the Support Plan. Support Plans are also required to be reviewed at 6 weeks, or a regular basis throughout the support period to ensure that strategies are current and upon Service Exit. Each review must be documented.

5.4.108. 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

5.4.109. 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: **9 - Not stated/inadequately described**

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

5.4.110. 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.

5.4.111. 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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5.4.112. 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.

Client privacy is critical. To ensure client confidentiality within PMHC MDS data, all data, including keys should not contain identifying information.

5.4.113. 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`.

5.4.114. Previous suicide attempts

Indicates whether the client has attempted suicide prior to this episode, as represented by a code.

Field name: previous_suicide_attempts
Data type: string
Required: yes
Domain:
1: No
2: Previous attempt(s) made in the past 12 months
3: Previous attempt(s) made prior to the last 12 months
4: Previous attempts made both within and prior to the last 12 months
7: Not known
9: Not stated/Inadequately described

Notes: A suicide attempt is described as a non-fatal, self-directed, potentially injurious behaviour with an intent to die as a result of the behaviour; might not result in injury.

5.4.115. Primary Nominated Professional

Identifies the profession of the primary professional nominated by the client, as represented by a code.

Field name: primary_nominated_professional
Data type: string
Required: yes
Domain:
1: Aboriginal and Torres Strait Islander Health Practice
2: Medical
3: Nursing and Midwifery
4: Occupational Therapy
5: Psychology
6: Mental Health Social Worker
98: Other
99: No one nominated

Notes: The primary nominated professional of the client is the professional or support worker that the client consents to be advised of their participation in the Universal Aftercare Service.

If a client does not wish for anyone to be advised then code 99 indicates no consent in conjunction with 09099999 for Primary Nominated Professional Consent Date indicates no consent.

5.4.116. Primary Nominated Professional Consent Date

The date that the client consented to having their Primary Nominated Professional contacted.

Field name: primary_nominated_professional_consent_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 a client does not wish for anyone to be advised please use the date 09099999.

- The consent date must not be before 1st January 2019.
- The consent date must not be in the future.

5.4.117. Primary Nominated Professional Contact Entry Date

The date that the client's Primary Nominated Professional was contacted after entry.

Field name: primary_nominated_professional_contact_entry_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 a client does not wish for anyone to be advised please use the date 09099999.

- The entry date must not be before 1st January 2019.
- The entry date must not be in the future.

Written advice (email or letter) advising of the client’s participation in The Way Back Support Service must be sent to the primary nominated professional on commencement of the service. The Contact Entry Date is the date the service provider initiates the communication with the primary nominated professional, the date the email or letter is sent. There is a KPI requirement for this to take place within 3 business days of client consent.

5.4.118. Primary Nominated Professional Contact Exit Date

The date that the client's Primary Nominated Professional was contacted after client's exit.

Field name: primary_nominated_professional_contact_exit_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 a client does not wish for anyone to be advised please use the date 09099999.

- The exit date must not be before 1st January 2019.
- The exit date must not be in the future.
- The exit date must not be before the entry date.

Written advice (email or letter) advising of the client's exit from The Way Back Support Service must be sent to the primary nominated professional on exit of the service. The Contact Exit Date is the date the service provider sends this information to the primary nominated professional, the date the email or letter is sent. There is a KPI requirement that this occurs within 3 business days of client exit.

5.4.119. 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

5.4.120. 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.

Note

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)

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.

5.4.121. Principal Focus of Treatment Plan

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

Field name: principal_focus
Data type: string
Required: yes
Domain:
1: Psychological therapy
2: Low intensity psychological intervention
3: Clinical care coordination
4: Complex care package
5: Child and youth-specific mental health services
6: Indigenous-specific mental health services
7: Other
8: Psychosocial support (obsolete)

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

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

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

1 - Psychological therapy

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

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

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

2 - Low intensity psychological intervention

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

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

3 - Clinical care coordination

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

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

4 - Complex Care Package

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

5 - Child and youth-specific mental health services

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

6 - Indigenous-specific services

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

7 - Other

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

8 - Psychosocial support (obsolete)

Episodes of Care provided under The Way Back PMHC MDS extension allowed for this response. It is no longer a valid response and will not be accepted on new records, but has been retained on existing records. If updating these records, this response will not be accepted.

5.4.122. 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

5.4.123. 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 Clinic

4:Psychosocial

5:Bushfire Recovery 2020

7:Supporting Recovery

8:MMHC

9:Universal Aftercare

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 Clinic

From 18 December 2025, the existing Head to Health Program Type is being renamed as Head to Health Clinic Program Type.

The Head to Health Clinic Program Type should only be used by remaining temporary Head to Health Clinics located in Victoria and Thornleigh, NSW, for episodes delivered under these services. Head to Health Clinics were initially established in Victoria in September 2020 and in NSW and the ACT in September 2021 to provide additional mental health and wellbeing support in response to the COVID pandemic. Clinic services are being decommissioned as they are replaced by permanent services.

4 - Psychosocial

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

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.

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.

8 - MMHC

Valid as of 18 August 2025, organisations can use this Program Type for episodes being delivered through the national Medicare Mental Health Centre program. Medicare Mental Health Centres provide a safe and welcoming place for anyone to access free, quality mental health care. More information about Medicare Mental Health Centres, including locations, are found here https://www.medicarementalhealth.gov.au/finding-help/medicare-mental-health-services

9 - Universal Aftercare

Valid as of 18 December 2025. Organisations can use this Program Type for episodes delivered through the Universal Aftercare program.

5.4.124. Recommendation Out Provider Type

Identifies the type of external service(s) that the client has been recommended to from the Universal Aftercare service during their Episode of care, as represented by a code.

Field name: recommendation_out_provider_type
Data type: string
Required: yes
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
97: No Recommendation
98: Other
99: Not stated/Inadequately described

Notes: It is best to record the recommendation information as soon as the client is recommended to an agency/community service as it may be difficult to track this information later.

To assist staff, service providers may find it useful to make a list of the agencies from which they most frequently send recommendations and note the corresponding Source of Recommendation code. Report the Recommendation starting with the most relevant or urgent one first.

5.4.125. Recommendation Out Status

Identifies the final status of external service recommendations made to the client, as represented by a code.

Field name: recommendation_out_status
Data type: string
Required: yes
Domain:
1: Client declined to take up recommendation
2: Service commenced
3: Service completed
4: Waitlisted
5: Client deceased prior to service commencement
98: Other
99: Not stated/Inadequately described

Notes: It is only necessary to complete this field when initially recommending and again, when closing the episode. There is no requirement to keep it updated as a recommendation progresses.

5.4.126. 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.

5.4.127. 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

5.4.128. 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: **2 - Medical Specialist Consulting Rooms**

Includes private medical practitioner rooms in public or private hospital or other settings.

4 - 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).

0 - None/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.

5.4.129. 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.

5.4.130. 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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5.4.131. SDQ - Conduct Problem Scale

Field name: sdq_conduct_problem
Data type: integer
Required: yes
Domain: 0 - 10, 99 = Not stated / Missing
Notes: See Strengths and Difficulties Questionnaire (SDQ) for instructions on scoring the Conduct Problem Scale.

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

5.4.132. SDQ - Emotional Symptoms Scale

Field name: sdq_emotional_symptoms
Data type: integer
Required: yes
Domain: 0 - 10, 99 = Not stated / Missing
Notes: See Strengths and Difficulties Questionnaire (SDQ) for instructions on scoring the Emotional Symptoms Scale.

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

5.4.133. SDQ - Hyperactivity Scale

Field name: sdq_hyperactivity
Data type: integer
Required: yes
Domain: 0 - 10, 99 = Not stated / Missing
Notes: See Strengths and Difficulties Questionnaire (SDQ) for instructions on scoring the Hyperactivity Scale.

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

5.4.134. SDQ - Impact Score

Field name: sdq_impact
Data type: integer
Required: yes
Domain: 0 - 10, 99 = Not stated / Missing
Notes: See Strengths and Difficulties Questionnaire (SDQ) for instructions on scoring the Impact Score.

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

5.4.135. SDQ - Peer Problem Scale

Field name: sdq_peer_problem
Data type: integer
Required: yes
Domain: 0 - 10, 99 = Not stated / Missing
Notes: See Strengths and Difficulties Questionnaire (SDQ) for instructions on scoring the Peer Problem Scale.

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

5.4.136. SDQ - Prosocial Scale

Field name: sdq_prosocial
Data type: integer
Required: yes
Domain: 0 - 10, 99 = Not stated / Missing
Notes: See Strengths and Difficulties Questionnaire (SDQ) for instructions on scoring the Prosocial Scale.

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

5.4.137. 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'.

5.4.138. 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'.

5.4.139. 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'.

5.4.140. 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'.

5.4.141. 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'.

5.4.142. 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'.

5.4.143. 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'.

5.4.144. 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'.

5.4.145. 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'.

5.4.146. 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'.

5.4.147. 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'.

5.4.148. 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'.

5.4.149. 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'.

5.4.150. 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'.

5.4.151. 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'.

5.4.152. 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’.

5.4.153. 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’.

5.4.154. 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’.

5.4.155. 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'.

5.4.156. 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'.

5.4.157. 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'.

5.4.158. 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'.

5.4.159. 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'.

5.4.160. 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'.

5.4.161. 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'.

5.4.162. 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'.

5.4.163. 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'.

5.4.164. 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'.

5.4.165. 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'.

5.4.166. 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'.

5.4.167. 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'.

5.4.168. 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'.

5.4.169. 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'.

5.4.170. 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'.

5.4.171. 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'.

5.4.172. 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’.

5.4.173. 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’.

5.4.174. 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'.

5.4.175. 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'.

5.4.176. 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’.

5.4.177. 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’.

5.4.178. 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'.

5.4.179. 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`.

5.4.180. SDQ - Total Difficulties Score

Field name: sdq_total
Data type: integer
Required: yes
Domain: 0 - 40, 99 = Not stated / Missing
Notes: See Strengths and Difficulties Questionnaire (SDQ) for instructions on scoring the Total Difficulties Score.

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

5.4.181. 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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5.4.182. 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.

Client privacy is critical. To ensure client confidentiality within PMHC MDS data, all data, including keys should not contain identifying information.

5.4.183. 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.

Client privacy is critical. To ensure client confidentiality within PMHC MDS data, all data, including keys should not contain identifying information.

5.4.184. Service Contact Site

The site at which an Organisation provides services to clients.

Field name: service_contact_site
Data type: string (2,50)
Required: no
Notes: Site names are case sensitive and must have between 2-50 valid unicode characters excluding commas (','). Keys must start with A-Za-z0-9 (POSIX :alnum:).

Leave blank if the organisation only has one site.

The site name must match a site name that is defined in Sites for the Provider Organisation providing the Service Contact.

5.4.185. 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`.

5.4.186. 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 Universal Aftercare 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.

5.4.187. Sexual Orientation

Identifies how the client describes their sexual orientation, as represented by a code.

Field name: sexual_orientation
Data type: string
Required: yes
Domain:
1: Straight or heterosexual
2: Lesbian, gay or homosexual
3: Bisexual or pansexual
4: Asexual
5: Questioning
6: Other
9: Not stated

Notes: Sexual orientation encompasses several dimensions of sexuality including sexual identity, attraction and behavior, and refers to a person's emotional, physical and/or sexual attraction to another person.

2 - Lesbian, gay or homosexual

Lesbian: The term lesbian is used to describe a person identifying as a woman who is romantically and/or sexually attracted to other women.

Gay: The term gay is used to describe a person identifying as a man who is romantically and/or sexually attracted to other men.

3 - Bisexual or pansexual

Bisexual: The term bisexual is used to describe a person of any gender who is romantically and/or sexually attracted to people or more than one gender. Some people who fit this description prefer the terms 'queer' or Pansexual, in recognition of more than two genders. It may also be defined as romantic or sexual attraction to people of any sex or gender identity, which is also known as pansexuality.

4 - Asexual

Is a sexual orientation defined by a lack of sexual attraction to any person of any gender.

5 - Questioning

Is a process of exploration by people who may be unsure, still exploring, and concerned about applying a social label to themselves for various reasons.

More information on collecting LGBTI inclusive data collection can be found at: https://meridianact.org.au/wp-content/uploads/LGBTIQ-Inclusive-Data-Collection-a-Guide.pdf

5.4.188. SIDAS - Question 1

In the past month, how often have you had thoughts about suicide?

Field name: sidas_item1
Data type: string
Required: yes
Domain: 0 - 10, 99 = Not stated / Missing
Notes: 0 = Never, 10 = Always

Respondents who respond “0 – Never” to the first item skip all remaining items and score a total of zero. Refer to SIDAS Current Validations for information about how this is enforced in the PMHC MDS.

5.4.189. SIDAS - Question 2

In the past month, how much control have you had over these thoughts?

Field name: sidas_item2
Data type: string
Required: yes
Domain: 0 - 10, 98 = Not required, 99 = Not stated / Missing
Notes: 0 = No control, 10 = Full control

Controllability is reversed scored (10=0, 9=1, …, 0=10), however responses must not be reversed before entering data into the PMHC MDS. The PMHC MDS will reverse this item when calculating the total score.

5.4.190. SIDAS - Question 3

In the past month, how close have you come to making an attempt?

Field name: sidas_item3
Data type: string
Required: yes
Domain: 0 - 10, 98 = Not required, 99 = Not stated / Missing
Notes: 0 = Not close at all, 10 = Made an attempt

5.4.191. SIDAS - Question 4

In the past month, to what extent have you felt tormented by thoughts about suicide?

Field name: sidas_item4
Data type: string
Required: yes
Domain: 0 - 10, 98 = Not required, 99 = Not stated / Missing
Notes: 0 = Not at all, 10 = Extremely

5.4.192. SIDAS - Question 5

In the past month, how much have thoughts about suicide interfered with your ability to carry out daily activities, such as work, household tasks or social activities?

Field name: sidas_item5
Data type: string
Required: yes
Domain: 0 - 10, 98 = Not required, 99 = Not stated / Missing
Notes: 0 = Not at all, 10 = Extremely

5.4.193. SIDAS - Tags

List of tags for the collection occasion.

Field name: sidas_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`.

5.4.194. Sites

The sites at which an Organisation provides services to clients.

Field name: sites
Data type: string
Required: no

Domain: Multiple comma separated values allowed

Notes: Site names are case sensitive and each site name must have between 2-50 valid unicode characters excluding commas (','). Names must start with A-Za-z0-9 (POSIX :alnum:).

May be left blank if the organisation only has one site.

Multiple site fields can be defined by comma separating each site name. For example:

> "Orange County, Deep Creek, Northern Side of the River"

In order to ensure consistency of data, site names cannot be deleted via upload, only data entry. An example of how uploads will process the sites field is, if "Orange County, Deep Creek" is uploaded first and then "Orange Country, Northern Side of the River" is uploaded second, they would be merged and the PMHC MDS would store "Orange County, Deep Creek, Northern Side of the River".

Please refer to Organisation for validations relating to this field.

5.4.195. 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

5.4.196. 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.

5.4.197. 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

5.4.198. 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 base 32 Crockford encoded sha1 hash of a 14 character SLK. This must be 32 characters in length.
- a base 16 hex encoded sha1 hash of a 14 character SLK. This must be 40 characters in length.

SLK values are stored in the base 32 Crockford encoded format.

Where a 14 character SLK is provided, the SLK will be hashed before being stored.

Where a base 16 hex encoded sha1 hash of a 14 character SLK is provided, no further hashing will be done, however its representation is converted to base 32 Crockford encoding before storing it.

Where a base 32 Crockford encoded sha1 hash of a 14 character SLK is provided, the hashed SLK is stored as provided.

METEOR: 349510

5.4.199. 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.

5.4.200. Transgender Status

An indication of whether the client has a transgender history, experience or identity , as represented by a code.

Field name: transgender_status
Data type: string
Required: yes
Domain: **1:** Yes
2: No
3: Does not want to disclose
9: Not stated / Unknown

Notes: The term transgender is used to describe people whose gender identity does not align with the sex they were assigned at birth.

Non-binary genders also fit under this umbrella term, as well as under the term gender diverse.

5.4.201. UA Critical Incident Key

This is a number or code assigned to each critical incident. The Critical Incident Key is unique and stable for each Critical Incident at the level of the organisation.

Field name: ua_critical_incident_key
Data type: string (2,50)
Required: yes
Notes: UA Critical Incident Keys must be generated by the organisation to be unique at the Provider Organisation level and must persist across time. See Identifier Management

---

5.4.202. UA Needs Identification Key

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

Field name: ua_needs_identification_key
Data type: string (2,50)
Required: yes
Notes: Needs Identification Keys must be generated by the organisation to be unique at the Provider Organisation level and must persist across time. See Identifier Management

---

5.4.203. UA Plan Key

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

Field name: ua_plan_key
Data type: string (2,50)
Required: yes
Notes: Plan Keys must be generated by the organisation to be unique at the Provider Organisation level and must persist across time. See Identifier Management

---

5.4.204. UA Recommendation Out Key

This is a number or code assigned to each recommendation out. The Recommendation Out Key is unique and stable for each recommendation out at the lvel of the organisation.

Field name: ua_recommendation_out_key
Data type: string (2,50)
Required: yes
Notes: UA Recommendation Out Keys must be generated by the organisation to be unique at the Provider Organisation level and must persist across time. See Identifier Management

---

5.4.205. 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.

5.4.206. 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.

Note

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.

5.4.207. Veteran

An indication of whether the client identifies as a veteran, as represented by a code.

Field name: veteran
Data type: string
Required: yes
Domain:
1: Has never served
2: Current regular service
3: Previous regular service
4: Current reserves service
5: Previous reserves service
S: Identifies as a veteran (obsolete)
9: Not stated/inadequately described

Notes: **S - Identifies as a veteran (obsolete)**

Episodes of Care provided under The Way Back PMHC MDS extension allowed for this response. In Version 5 it is no longer a valid response and will not be accepted on new records in Version 5 uploads, but has been retained on records uploaded using The Way Back extension. If updating these records, this response will not be accepted.

METEOR: 737931

5.4.208. WHO-5 - Question 1

I have felt cheerful and in good spirits

Field name: who5_item1
Data type: string
Required: yes
Domain:
0: At no time
1: Some of the time
2: Less than half of the time
3: More than half 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’

5.4.209. WHO-5 - Question 2

I have felt calm and relaxed

Field name: who5_item2
Data type: string
Required: yes
Domain: **0:** At no time
1: Some of the time
2: Less than half of the time
3: More than half 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’

5.4.210. WHO-5 - Question 3

I have felt active and vigorous

Field name: who5_item3
Data type: string
Required: yes
Domain: **0:** At no time
1: Some of the time
2: Less than half of the time
3: More than half 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’

5.4.211. WHO-5 - Question 4

I woke up feeling fresh and rested

Field name: who5_item4
Data type: string
Required: yes
Domain:
0: At no time
1: Some of the time
2: Less than half of the time
3: More than half 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'

5.4.212. WHO-5 - Question 5

My daily life has been filled with things that interest me

Field name: who5_item5
Data type: string
Required: yes
Domain:
0: At no time
1: Some of the time
2: Less than half of the time
3: More than half 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'

5.4.213. WHO-5 - Tags

List of tags for the collection occasion.

Field name: who5_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`.

5.4.214. 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 5 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 5 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 5 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
UA Episodes	ua-episodes.csv	UA Episodes	Required where Episodes using the '9: Universal Aftercare' Program Type are included. Optional otherwise
UA Recommendation Outs	ua-recommendation-outs.csv	UA Recommendation Outs	Required where Episodes using the '9: Universal Aftercare' Program Type are included. Optional otherwise
UA Critical Incidents	ua-critical-incidents.csv	UA Critical Incidents	Required where Episodes using the '9: Universal Aftercare' Program Type are included. Optional otherwise
UA Plans	ua-plans.csv	UA Plans	Required where Episodes using the '9: Universal Aftercare' Program Type are included. Optional otherwise
UA Needs Identifications	ua-needs-identifications.csv	UA Needs Identifications	Required where Episodes using the '9: Universal Aftercare' Program Type are included. Optional otherwise
SIDAS	sidas.csv	SIDAS	Required where Episodes using the '9: Universal Aftercare' Program Type are included. Optional otherwise
WHO-5	who5.csv	WHO-5	Required where Episodes using the '9: Universal Aftercare' Program Type are included. 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 5 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
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
UA Episodes	ua-episodes.csv	UA Episodes	Required where Episodes using the '9: Universal Aftercare' Program Type are included. Optional otherwise
UA Recommendation Outs	ua-recommendation-outs.csv	UA Recommendation Outs	Required where Episodes using the '9: Universal Aftercare' Program Type are included. Optional otherwise
UA Critical Incidents	ua-critical-incidents.csv	UA Critical Incidents	Required where Episodes using the '9: Universal Aftercare' Program Type are included. Optional otherwise
UA Plans	ua-plans.csv	UA Plans	Required where Episodes using the '9: Universal Aftercare' Program Type are included. Optional otherwise
UA Needs Identifications	ua-needs-identifications.csv	UA Needs Identifications	Required where Episodes using the '9: Universal Aftercare' Program Type are included. Optional otherwise
SIDAS	sidas.csv	SIDAS	Required where Episodes using the '9: Universal Aftercare' Program Type are included. Optional otherwise
WHO-5	who5.csv	WHO-5	Required where Episodes using the '9: Universal Aftercare' Program Type are included. 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 5 data uploads must include a Metadata file/worksheet. See Metadata file.

6.3.1. Metadata file

All version 5 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 '5.0'

i.e.:

key	value
type	PMHC
version	5.0

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.

6.3.15. UA Episode file format

The UA Episode file/worksheet is required where Episodes using the '9: Universal Aftercare' Program Type are included in the upload. It is optional otherwise. There is no harm in including it in every upload.

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

Example UA Episode files can be found in the Treatment or Combined example files at Example Upload files.

6.3.16. UA Recommendation Out file format

The UA Recommendation Out file/worksheet is required where Episodes using the '9: Universal Aftercare' Program Type are included in the upload. It is optional otherwise. There is no harm in including it in every upload.

Data elements for the UA Recommendation Out upload file/worksheet are defined at UA Recommendation Out.

Example UA Recommendation Out files can be found in the Treatment or Combined example files at Example Upload files.

6.3.17. UA Critical Incident file format

The UA Critical Incident file/worksheet is required where Episodes using the '9: Universal Aftercare' Program Type are included in the upload. It is optional otherwise. There is no harm in including it in every upload.

Data elements for the UA Critical Incident upload file/worksheet are defined at UA Critical Incident.

Example UA Critical Incident files can be found in the Treatment or Combined example files at Example Upload files.

6.3.18. UA Plan file format

The UA Plan file/worksheet is required where Episodes using the '9: Universal Aftercare' Program Type are included in the upload. It is optional otherwise. There is no harm in including it in every upload.

Data elements for the UA Plan upload file/worksheet are defined at UA Plan.

Example UA Plan files can be found in the Treatment or Combined example files at Example Upload files.

6.3.19. UA Needs Identification file format

The UA Needs Identification file/worksheet is required where Episodes using the '9: Universal Aftercare' Program Type are included in the upload. It is optional otherwise. There is no harm in including it in every upload.

Data elements for the UA Needs Identification upload file/worksheet are defined at UA Needs Identification.

Example UA Needs Identification files can be found in the Treatment or Combined example files at Example Upload files.

6.3.20. SIDAS file format

The SIDAS file/worksheet is required where Episodes using the '9: Universal Aftercare' Program Type are included in the upload. It is optional otherwise. There is no harm in including it in every upload.

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

Example SIDAS files can be found in the Treatment or Combined example files at Example Upload files.

6.3.21. WHO-5 file format

The WHO-5 file/worksheet is required where Episodes using the '9: Universal Aftercare' Program Type are included in the upload. It is optional otherwise. There is no harm in including it in every upload.

Data elements for the WHO-5 upload file/worksheet are defined at WHO-5.

Example WHO-5 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-5-0-intake.zip	PMHC-5-0-intake.xlsx
Treatment	PMHC-5-0-treatment.zip	PMHC-5-0-treatment.xlsx
Combined	PMHC-5-0-combined.zip	PMHC-5-0-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
	Sites		Proficiency in Spoken English	Suicide Referral Flag		GP Mental Health Treatment Pl Flag
	Organisation Tags		Client Tags	Veteran		Homelessnes Flag
				Date referred to other service at Intake conclusion		Area of usual residence, postcode

Metadata	Provider Organisation	Practitioner	Client	Intake	Intake Episode	Episode
				Organisation type referred to at Intake conclusion		Labour Force Status
				Referred to Organisation Path		Employment Participation
				Intake Tags		Source of Ca Income
						Health Care
						NDIS Particip
						Marital Statu
						Suicide Refer Flag
						Veteran
						Principal Diagnosis
						Additional Diagnosis
						Medication - Antipsychoti (N05A)
						Medication - Anxiolytics (N05B)
						Medication - Hypnotics an sedatives (N0
						Medication - Antidepressa (N06A)
						Medication - Psychostimu and nootropi (N06B)
						Referrer Profession
						Referrer Organisation Type
						Organisation type referred at Episode conclusion

Metadata	Provider Organisation	Practitioner	Client	Intake	Intake Episode	Episode
						Episode Tags

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.

The use of key words (must, should, may etc.) for requirement levels are defined in RFC 2119.

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

10. On Organisation type referred to at Intake conclusion the value '42: AMHC' must only be used on existing records. It is not allowed on new records.
11. On Organisation type referred to at Intake conclusion the value '44: HeadtoHelp / HeadtoHealth' must only be used on existing records. It is not allowed on new records.

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
5. IAR-DST - Practitioner Reason for Override will be validated as follows:
    1. IAR-DST - Practitioner Reason for Override must be supplied when the IAR-DST - Practitioner Level of Care differs from the IAR-DST - Recommended Level of Care. IAR-DST - Recommended Level of Care allows for both "Level x" and "Level x or above" responses, e.g. *1: Level 1 - Self Management* and *1+: Level 1 or above - Review assemssment on Contextual Domains to determine most appropriate placement*. IAR-DST - Practitioner Level of Care only allows for "Level x" responses, e.g. *1: Level 1 - Self Management*. When determining if IAR-DST - Practitioner Level of Care and IAR-DST - Recommended Level of Care are equivalent the "Level x or above" IAR-DST - Recommended Level of Care responses will be treated the same as "Level x" responses, i.e. the "+" will be dropped.
    2. If IAR-DST - Practitioner Reason for Override is *9: Missing*, then no other responses can be selected
    3. Duplicates are not allowed

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 either Episode End Date or 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'.
14. On Organisation type referred to at Episode conclusion the value '22: HeadtoHelp / HeadtoHealth' must only be used on existing records. It is not allowed on new records.
15. On Organisation type referred to at Episode conclusion the value '24: AMHC' must only be used on existing records. It is not allowed on new records.

16. On Program Type only NSW and Victorian Provider Organisations can use the value '2: Head to Health Clinc'. Please refer to Program Type for further business rules on this field.
17. Where Program Type is '9: Universal Aftercare' a UA Episode record should also be recorded.
18. The `!uaooh` tag must only be included in the Episode Tags field where the Program Type is '9: Universal Aftercare'. For more information see Current System Tags.

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. If Modality is not '1: Face to Face', Venue must be '98: Not applicable (Service Contact Modality is not face to face)'
12. 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

13. If Participants is '1: Individual client' Client Participation Indicator must be '1: Yes'
14. The `!ATAPS` tag must only be included in the Service Contact Tags field where the Service Contact Date was before 30 June 2018
15. 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

16. Start Time value of '24:00' cannot be used on new records.
17. Existing records already containing a Start Time that is not '24:00' may not be updated to '24:00'.
18. On Funding Source the value '0: Flexible funding pool - Not Otherwise Stated' must only be used on existing records. It is not allowed on new records.
19. On Funding Source the value '27: Universal Aftercare' must only be used in conjunction with the Universal Aftercare Program Type.
20. Where Program Type is recorded as '7: Supporting Recovery', Funding Source must be recorded as '73: Other Government Funding - Commonwealth: Other Commonwealth'
21. Where Funding Source is recorded as '73: Other Government Funding - Commonwealth: Other Commonwealth', Program Type must be '7: Supporting Recovery'
22. The Service Contact Site

- When a Service Contact Site is provided, it must have between 2-50 valid unicode characters excluding commas (',')
- When a Service Contact Site is provided, it must match a site name that is defined in Sites for the Provider Organisation providing the Service Contact

23. On Funding Source the value '23: Head to Health program' must only be used on existing records. It is not allowed on new records.

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 Referral Date
    - and must not be before Organisation Start Date
    - and must not be more than 7 days after Episode End Date
    - and must not be after 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
5. The Sites fields
   - is case sensitive
   - must be blank or contain one or more comma separated site names
   - must be enclosed in double quotes (") if there is more than one site listed
   - each site name must be valid as per Service Contact
   - a site cannot be deleted if it is used on at least one service contact

9.1.15. UA Episode

1. Refer to Keys for Episode Key validations
2. Episode Key must be an existing PMHC episode within the PMHC MDS.
3. The program type of the linked Episode record must be '9: Universal Aftercare'
4. The Primary Nominated Professional Consent Date
   - must not be before 1 January 2019
   - and must not be before Referral Date
   - and must not be before Organisation Start Date
   - and must not be after Episode End Date
   - and must not be after Organisation End Date
   - and must not be in the future
5. The Primary Nominated Professional Contact Entry Date
   - must not be before 1 January 2019
   - and must not be before Referral Date
   - and must not be before Organisation Start Date
   - and must not be after Episode End Date
   - and must not be after Organisation End Date
   - and must not be in the future
6. The Primary Nominated Professional Contact Exit Date
   - must not be before 1 January 2019
   - and must not be before Referral Date
   - and must not be before Organisation Start Date
   - and must not be before Primary Nominated Professional Contact Entry Date
   - and must not be before Episode End Date
   - and must not be after Organisation End Date
   - and must not be in the future
7. Where Previous suicide attempts is recorded as '1: No', Method of suicide attempt must be recorded as '0: Not applicable'

9.1.16. UA Critical Incident

1. Refer to Keys for UA Critical Incident Key validations
2. Episode Key must be an existing PMHC episode within the PMHC MDS.
3. The program type of the linked Episode record must be '9: Universal Aftercare'
4. The Critical Incident Date
   - must not be before 1 January 2019
   - and must not be before Referral Date
   - and must not be before Organisation Start Date
   - and must not be after Episode End Date
   - and must not be after Organisation End Date
   - and must not be in the future

9.1.17. UA Recommendation Out

1. Refer to Keys for UA Recommendation Out Key validations
2. Episode Key must be an existing PMHC episode within the PMHC MDS.
3. The program type of the linked Episode record must be '9: Universal Aftercare'
4. UA Recommendation Outs for an Episode must have unique Recommendation Out Provider Type.

9.1.18. WHO-5

1. Refer to Keys for Measure Key validations
2. Collection Occasion Key must be an existing Collection Occasion within the PMHC MDS.
3. The program type of the Episode record that is linked via the Collection Occasion record must be '9: Universal Aftercare'

9.1.19. SIDAS

1. Refer to Keys for Measure Key validations
2. Collection Occasion Key must be an existing Collection Occasion within the PMHC MDS.
3. The program type of the Episode record that is linked via the Collection Occasion record must be '9: Universal Aftercare'
4. When item 1 has the value '0 - Never' all other items must be set to '98 - Not Required'

9.1.20. UA Plan

1. Refer to Keys for Measure Key validations
2. Collection Occasion Key must be an existing Collection Occasion within the PMHC MDS.
3. The program type of the Episode record that is linked via the Collection Occasion record must be '9: Universal Aftercare'

9.1.21. UA Needs Identification

1. Refer to Keys for Measure Key validations
2. Collection Occasion Key must be an existing Collection Occasion within the PMHC MDS.
3. The program type of the Episode record that is linked via the Collection Occasion record must be '9: Universal Aftercare'

10. Test Data Sets

This page has been moved to https://docs.pmhc-mds.com/third-party-developers.html#test-data-sets.

11. Data Security and Privacy

Client privacy is critical. It is the responsibility of PHNs, service providers, and the department to ensure client information is managed appropriately and in accordance with respective obligations under legislation and the Australian Privacy Principles. All entered data are communicated and stored in compliance with Australian privacy and data security legislation. This includes encrypting all information in transit and ensuring that only appropriate and approved people have access to that information.

The collection of client data through the PMHC MDS complies with the Commonwealth Privacy Act 1988 and the Australian Privacy Principles.

For more about client consent and privacy, please visit Questions about privacy protections and patient consent and Guidance on client consent.

12. Data Specification Change log

12.1. 10/12/2025 - 5.0.0

- Draft status removed

12.2. 04/12/2025

- Data model and specifications
  - Data model
    - IAR-DST - Practitioner Reason for Override updated to allow multiple space-separated values to be supplied
- Validation Rules
  - IAR-DST
    - Added validation rules for accomodating IAR-DST - Practitioner Reason for Override having multiple values

12.3. 28/11/2025

- Changes and Upgrading from Version 4.1
  - Data migration between PMHC MDS Version 4.1 and PMHC MDS Version 5.0
    - Added migration for Veteran and IAR-DST - Practitioner Reason for Override
  - Data mapping between The Way Back Version 3.0 and PMHC MDS Version 5.0
    - Added Recommendation Out Status to data mapping table
    - Added mapping for Veteran
- Data model and specifications
  - Data model
    - Corrected fields for UA Episode in data model diagrams

12.4. 26/11/2025

- Data model and specifications
  - Record formats
    - Statistical Linkage Key notes have been updated to explain how the different supported formats of the SLK are processed before being stored

12.5. 21/11/2025

- Data model and specifications
  - Record formats
    - Veteran field has been updated to use the current Meteor specification

12.6. 18/11/2025

- Validation Rules
  - Episode
    - Added validation rule for the use of the `!uaooh` tag

12.7. 7/11/2025 - Draft 5.0.0

- Data model and specifications
  - Record formats
    - Program Type
      - Renamed *2: Head to Health* response to *2: Head to Health Clinic*. This response is only to be used by remaining temporary Head to Health Clinics in NSW and Victoria. Please refer to Program Type for more information
      - Retired *3: AMHC* response
      - Added *9: Universal Aftercare* response
    - IAR-DST - Practitioner Reason for Override field has been added to the IAR-DST table
    - Veteran field has been added to both the Episode table and the Intake table
    - UA Episode record added
    - UA Recommendation Out record added
    - UA Critical Incident record added
    - UA Plan record added
    - UA Needs Identification record added
    - SIDAS record added
    - WHO-5 record added
- Validation Rules
  - Intake
    - Added validation rule for the *42: AMHC* response on the Organisation type referred to at Intake conclusion field
    - Added validation rule for the *44: HeadtoHelp / HeadtoHealth* response on the Organisation type referred to at Intake conclusion field
  - Episode
    - Added validation rule for the *24: AMHC* response on the Organisation type referred to at Episode conclusion field
    - Added validation rule for the *22: HeadtoHelp / HeadtoHealth* response on the Organisation type referred to at Episode conclusion field
    - Added validation rule for the *2: Head to Head to Health Clinic* response on the Program Type field
  - Service Contact

        - Added validation rule for the *23: Head to Health program* response on the Funding Source field

    - Added validation rules for the new UA Episode record
    - Added validation rules for the new UA Critical Incident record
    - Added validation rules for the new UA Recommendation Out record
    - Added validation rules for the new UA Plan record
    - Added validation rules for the new UA Needs Identification record
    - Added validation rules for the new SIDAS record
    - Added validation rules for the new WHO-5 record