

# HNECC PHN Commissioned Services

## DATA AND REPORTING GUIDELINES

Appendix A: Primary Mental Health Care  
Minimum Data Set (PMHC MDS)

Last updated July 2023



The Primary Health Network acknowledges the traditional custodians of their lands we walk, reside and work upon. We pay our respects to First Nations peoples and value the continued connection to culture, country and waterways and their contributions made to the life of our vast region.



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HEALTH**

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## ABOUT THESE GUIDELINES

This document provides guidance for health services commissioned by HNECC PHN to meet their contractual obligations regarding data capture and reporting. This Appendix A document outlines the specific requirements regarding the collection and delivery of data for the Primary Mental Health Care Minimum Data Set (PMHC MDS). This accompanies the main part of this suite of documents, with other specific Appendices to follow when available.

This document is not intended to replace the specifications for the PMHC MDS, but instead complement the existing documentation and highlight critical or HNECC PHN specific elements.

This is a 'live' document and will be held under review for the full period in which the services are commissioned by HNECC PHN. For further information or clarification about any information outlined in this document, please contact:

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## A1. Introduction

The Primary Mental Health Care Minimum Data Set (PMHC MDS) is designed to capture data on PHN-commissioned mental health services delivered to individual clients, including group-based delivery.

PHNs require a range of data to fund service providers, monitor overall regional service provision and plan future service improvements. These are all core functions of PHNs. It is a requirement that PHNs collect and analyse data on what services are delivered, by whom, to what clients, at what costs and with what outcomes. Without data, PHNs cannot undertake these functions. Provision of information to the Department of Health and Aged Care is necessary for government to undertake its role in funding, monitoring and planning future national service delivery.

The Department has contracted [Logicly](#) to manage the PMHC MDS on its behalf. Technical enquiries about the PMHC MDS can be directed to Logicly via the PMHC Helpdesk, which can be contacted on: [support@pmhc-mds.com](mailto:support@pmhc-mds.com). The PMHC Helpdesk also provides training to organisations, with contact made via the same email address.

## A2. Key Concepts

The PMHC MDS has been designed to answer the important question: "Who receives what services, delivered by whom, at what cost, and with what effect?". This information is collected at different levels, ranging from the individual to the organisation providing the service. The table below shows this in more detail.



QUESTION	WHAT DATA INFORMS THIS QUESTION?	WHERE IS THIS DATA COLLECTED?
<b>Who receives</b>	Demographic and clinical characteristics of clients, collected at episode level by service providers.	Both the Client and Episode file contain information regarding the individual who received the service.
<b>What services</b>	Range of data collected by service providers for each individual service event, e.g. date and type of service, duration.	Every record in the Service Contact file provides the details on the type and duration of service provided.
<b>From whom</b>	Service provider and organisation characteristics.	Both the Organisation and Practitioner file provide the details on who provided the service.
<b>At what cost</b>	Cost data to be derived from annual financial statements maintained by PHN.	Using the information within the PMHC MDS, HNECC PHN can calculate the cost per service using overall funding amounts.
<b>With what effect</b>	Client outcome data using standard instruments.	Comparison between outcome measurements taken at intake and exit can indicate the effectiveness of a service.

**Figure 1: A simplified version of how the different records connect to create the PMHC MDS data model**

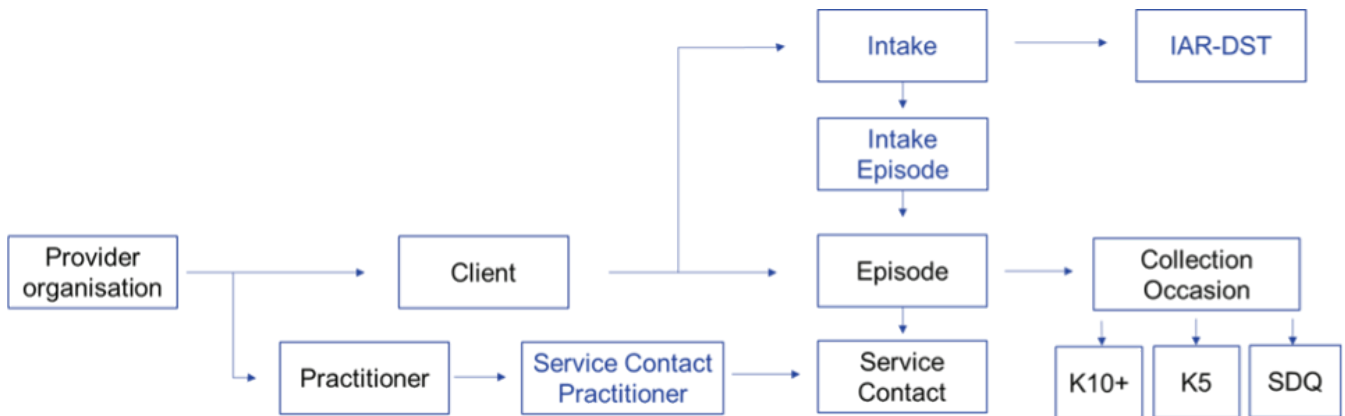


Figure 1 shows a simplified version of how the different records connect to create the PMHC MDS data model. Each record contains a field that links one record to another. For example, the client record contains a client key field that is also contained in the Episode record. It is extremely important that all these records join correctly, otherwise the information is unable to be used.

The full listing of the attributes and their respective codes contained in each file is included in Sub-Appendix AB. Furthermore, each of these records is discussed in further detail, highlighting key fields or important concepts.

### A3. Structure of new Version 4 Data Specification

A new specification (version 4) for the PMHC MDS was introduced and mandated from February 2023. New records are indicated in blue in the figure above.

Among the changes was the introduction of intake related activity. At this stage, intake related activity is only required to be recorded for the Head to Health service and for the HNECC PHN Intake Assessment and Referral service (k/a PRIMA).

The full set of specifications for the PMHC MDS can be found at: <https://docs.pmhc-mds.com/>.

The specification files can be downloaded from: <https://docs.pmhc-mds.com/projects/data-specification/en/latest/data-model-and-specifications.html#download-specification-files>.

### A4. Data templates

Sample upload files that show the PMHC MDS structure can be downloaded from: <https://docs.pmhc-mds.com/projects/data-specification/en/latest/upload-specification.html#example-upload-files>.

For organisations who are upgrading their internal systems to deliver the PMHC MDS, it is a good idea to have a look at the sample files beforehand to see how the data should appear on extraction.

### A5. Validation

The PMHC MDS implements some validation rules to ensure there is consistency in some data items, e.g. an Episode End Date cannot be before the Referral Date. The Validation Rules can be found here: <https://docs.pmhc-mds.com/projects/data-specification/en/latest/validation-rules.html>.

For organisations that upload into the PMHC MDS there is scope in the system to upload test files as an initial step. Test files and non-test files will be validated in the system with appropriate error messages relayed to provide guidance on how to fix the errors. This is explained here: <https://docs.pmhc-mds.com/projects/user-documentation/en/latest/upload.html>.

### A6. Delivery schedule

Activity that requires an entry into the PMHC MDS is required to be recorded into the system within 31 days of the activity taking place. For example, if a client was added to the system on the 9th of November 2022 their client record must be added to the MDS on or before the 10th of December 2022. Similarly, if a service contact occurred on that date, the data associated with that contact must also be submitted to the MDS by 10th of December 2022.

## A7. Activity and performance reports

As HNECC PHN has an obligation to report activity to the Department, it is extremely important that service providers capture information that is accurate, consistent and provided in a timely manner.

Some examples of the use of the PMHC MDS include:

- Monthly service activity reports detailing number of clients, episodes and service contacts.
- Measurement against key performance indicators.
- Analysis of service provision, including modality, demographics of clients and movement in outcome measures.
- Data quality reports identifying the number of records with missing information, including client outcomes.
- Comparison with other providers on key components, such as the average number of sessions provided, outcomes etc.

Given that the PMHC MDS is the key source of information for these reports, organisations should:

1. Read these guidelines and familiarise themselves with the requirements.
2. Capture the information in accordance with these specifications, using the quick reference guide (Sub-Appendix AA) to ensure that the data is recorded correctly.
3. Enter the data in accordance with the delivery schedule.
4. Contact their Commissioning Coordinator if they have any questions or concerns regarding the PMHC MDS.

HNECC PHN will be analysing the PMHC MDS to monitor data entry and will report data quality to service providers. Providers can monitor the data they have entered into the PMHC MDS by using the Reports or Data Extract features of the system, noting that these provide results at an Organisation level. See section A9 for further details.

## A8. Data concepts and terminology

Some of the main terms and fields within the PMHC MDS are outlined below, however, it is not a complete list of all available fields. Sub-Appendix AB provides a complete list of all the attributes and valid codes contained in the PMHC MDS.

### A8.1 Client

The PMHC MDS has the provision to capture basic demographic information on the person who has received a service. HNECC PHN and the Department of Health and

Aged Care use this information in service planning and modelling. All information provided to HNECC PHN and the Department is deidentified and with client consent.

As HNECC PHN uses this information to build a profile of the clients who use our commissioned services, we will be reviewing the information collected for each client and will be providing feedback on the outcomes of this activity. Service providers must collect as much information on the client and avoid using the missing/not known option where possible. Mandatory fields in each record are noted in Appendix AB.

### Client Key

This field must contain a unique code that will allow the provider to identify the client. Each client entered into the PMHC MDS through your organisation must have a unique Client Key.

### Statistical Linkage Key (SLK)

The SLK is a unique identifier for an individual that allows multiple episodes of care (and service contacts) to be associated with an individual, without the need to identify that person. This allows HNECC PHN and the Department to analyse the client journey and pathways in the stepped care model.

The SLK is generated using the client name, date of birth and gender to create a unique 14-character alphanumeric code. Instructions on how to generate a clients' SLK can be found here: <https://docs.pmhc-mds.com/projects/user-documentation/en/latest/tools.html#generate-a-client-s-slk>. <https://pmhc-mds.net/%23/slk>.

### A8.2 Client Consent

In order to comply with the Commonwealth Privacy Act 1988, the Privacy Amendment (Private Sector) Act 2000 and associated Australian Privacy Principles, the client must provide consent to their data being provided to:

- HNECC PHN;
- Cemplicity; and
- the Australian Government Department of Health and Aged Care.

Note that all data supplied to HNECC PHN and the Department will be anonymised, which means that the data will not include identifying information, such as an individual's name, address or Medicare number. Data to Cemplicity will include the client's name and contact details only. This will be destroyed after a month, in line with their procedures.



Client consent for data supply to the Department is recorded in the PMHC MDS.

It is the service provider's responsibility to ensure that consent has been obtained from the client to share data with HNECC PHN, Cemplicity and the Department.

### Suggested wording for obtaining consent and informing clients

The following is an example to obtain consent to share information with the Department of Health and Aged Care and Cemplicity (noting that an additional consent would be required to share with the PHN):

*"I consent to my information being provided to HNECC PHN and Cemplicity, and to the Department of Health and Aged Care to be used for statistical and evaluation purposes designed to improve mental health services in Australia.*

*I understand that this will include details about me such as date of birth, gender and types of services I use but will not include my address or Medicare number."*

### A8.3 Episode of care

A central feature of the PMHC MDS design is that the unit of service delivery is the episode of care. Episodes, in turn, comprise a series of one or more service contacts.

For the purposes of the PMHC MDS, an episode of care is defined as a more or less continuous period of contact between a PHN-commissioned service provider organisation and a client that starts at the point of first contact and concludes at discharge.

#### Program Type and Principal Focus of Treatment

All episodes of care will need to be grouped into one of five Program Types and then one of seven high-level categories based on the type of care to be provided (referred to as 'principal focus of treatment plan'). These groupings align with the PHN service delivery priorities for mental health that have been set by government. See the tables below.

**The Sub-Appendix AB 'HNECC PHN specific information' outlines which categories should be used for Program Type and Principal Focus of Treatment for episodes that are provided by HNECC PHN commissioned service providers.**

#### Program Type Domains

PROGRAM TYPE	DOMAIN	ORGANISATIONS CAN USE THIS FIELD FOR EPISODES BEING DELIVERED THROUGH
Flexible Funding Pool	1	All other Programs commissioned through Primary Mental Health Care Schedule that are not otherwise described by another category
Head to Health	2	The Head to Health program
AMHC	3	Organisations that were delivering the Adult Mental Health Centre (AMHC) trial sites.  <b>Note: This is not a valid option for HNECC PHN services</b>
Psychosocial	4	The Commonwealth Psychosocial Support Program or the Way Back service
Bushfire Recovery	5	The Australian Government Mental Health Response to Bushfire Trauma

## Principal Focus of Treatment Domains

CATEGORY IN PMHC MDS	DOMAIN	MAIN FEATURE(S) OF TREATMENT PLAN PRIMARILY INVOLVES THE DELIVERY OF
Psychological therapy	1	Psychological therapy by one or more mental health professionals. This includes: a) Psychologists; b) Clinical Psychologists; c) Mental Health Nurses; d) Mental Health Occupational Therapists; e) Mental Health Social Workers; f) First Nation Health Workers; g) Provisional Psychologists who currently hold Provisional Registration status with AHPRA; and h) Counsellor
Low intensity psycho-logical intervention	2	Time-limited, structured psychological interventions that aim to provide a less costly intervention alternative to 'standard' psychological therapy
Clinical Care Coordination	3	A range of services aimed at coordinating and better integrating care for the individual across multiple providers in order to improve clinical outcomes
Complex care coordination	4	An individually tailored 'package' of services for a client with a severe and complex mental illness who is being managed principally within a primary care setting. <b>Note: this is not a valid option for HNECC PHN services</b>
Child and youth-specific mental health services	5	A range of services for children (0-11 years) or youth (aged 12-24 years) who present with, or are at-risk of developing, a mental illness
Indigenous-specific mental health services	6	Mental health services that are specifically designed to be culturally appropriate for Aboriginal and/or Torres Strait Islander people
Other	7	Services that cannot be described by the above categories

\*Psychosocial remains a Principal Focus of Treatment option for the Way Back episodes only.

### Tags

The PMHC MDS contains the ability to add tags (identifying words) to all files. This allows for additional information to be collected that can't be shown elsewhere. Service provider organisations may use this field to group clients for internal record keeping, or to distinguish clients by their contract with HNECC PHN (see Section A10).

The Department has reserved tags to be used to identify specific record types in the PMHC MDS. Tags beginning with an exclamation mark (!) are reserved for future use by the Department.

### Suicide Referral Flag

The field Suicide referral flag identifies those individuals where a recent history of suicide attempt, or suicide risk, was a factor noted in the referral that underpinned the person's needs for assistance at entry to the episode. It is a requirement that individuals who are identified with a yes in this field must have a service contact provided within 7 days of the referral date. The service contact must meet the criteria outlined in Section A8.4 Service Contact. Contacting the client to book an appointment or other administrative task would not count as a service contact. However, a contact (phone or otherwise) to ascertain the condition of the client would count as a service contact.

Ensuring clients who are identified as having a suicide risk are seen within 7 days from referral is a Mental Health specific performance indicator, reported to the Department (see section A12).

## A8.4 Service contact

Service contacts represent the basic unit for counting and describing activities in the PMHC MDS.

A 'service contact' is defined as an interaction between you (the service provider) and either the client or a third party (e.g. carer, family member, other professional/service provider) which:

- Is relevant to the clinical condition of the client (i.e., non-administrative in nature);
- Involves direct communication irrespective of whether occurring face-to-face, by telephone, internet, video link etc.; and
- Would normally warrant a dated entry in the clinical record of the client.

In addition to basic details about each service contact (e.g., date, duration, location, etc.), you will need to collect information about the type of services delivered in order to enable a description of the mix of services provided (within and across episodes of care).

An addendum will be added to this document in the near future to provide definitions of service contacts for each program and instructions on how service providers for these programs should enter these service contacts in the PMHC MDS to ensure they are counted as deliverables.

### Service Contact Type categories

The PMHC MDS will require you to report on the main service delivered (based on the activity that accounted for most of your time) at each service contact from the following list. Classifying an episode of care into a 'principal focus of treatment plan' category does not restrict what is recorded at each service contact.

CATEGORY	DOMAIN	DESCRIPTION
Assessment	1	Determination of a person's mental health status and need for mental health services, made by suitably trained mental health professional, based on collection and evaluation of data obtained through interview and observation, of the person's history and presenting problem(s).
Structured psychological intervention	2	Interventions which include structured interaction between a client and a service provider using recognised, psychological methods. Can be delivered to either an individual client or group of clients, typically in an office or community setting.
Other psychological intervention	3	Psychological interventions that do not meet criteria for structured psychological intervention.
Clinical care coordination / liaison	4	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.
Clinical nursing services	5	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.
Child or youth specific assistance NEC	6	Services delivered to, or on behalf of, a child or young person that cannot be described elsewhere.
Suicide prevention specific assistance NEC	7	Services delivered to, or on behalf of, a client who presents with risk of suicide that cannot be described elsewhere.
Cultural specific assistance NEC	8	Culturally appropriate services delivered to, or on behalf of, an Aboriginal or Torres Strait Islander client that cannot be described elsewhere.
Psychosocial support	9	Where the main services delivered during the contact involved the delivery of psychosocial support services. These services are usually delivered by a range of non-clinical providers including peer support workers with lived experience of mental illness.

Notes: NEC – not elsewhere classified

**Options 6, 7 and 8 should only be used when the service contacts cannot be described by the other options. It is expected that the majority of Service Contacts can be assigned to domains 1-5 or 9.**

## A8.5 Organisation

All data within the PMHC MDS is linked to the organisation who provided the service. HNECC PHN uses this information to monitor service activity for each provider.

Each organisation is provided with a unique code (Organisation Path) by HNECC PHN. Note that this is unique to each PHN, so for organisations who provide services for multiple PHNs, you will have multiple Organisation Paths.

Organisations that provide services through multiple programs (or contracts) within the HNECC PHN, need to ensure episodes for the different programs are distinguishable by HNECC PHN. One option to do this is to have multiple Organisation Paths. See Section A10 for further information.

Users' logins are aligned to an Organisation Path. For this reason, there is no need to include an Organisations record (worksheet) when uploading data to the PMHC MDS.

## A8.6 Practitioner

The PMHC MDS collects information on the practitioner who provides the service. This information is used by HNECC PHN and the Department for a variety of purposes, including workforce planning. Therefore, it is important that this information is accurate. HNECC PHN will be reviewing the practitioner information collected for each organisation and will be providing feedback on the outcomes of this activity.

### Practitioner Category

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.

### Aboriginal and/or Torres Strait Islander Cultural Training

Note: in the PMHC MDS this field is abbreviated to ATSI Cultural Training

The Aboriginal Torres Strait Islander Cultural Training field applies to practitioners who are either:

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

Practitioners who are of Aboriginal and/or Torres Strait Islander status, or employed by an Aboriginal Community Controlled Health Service, can select the 'Not Required' option.

A practitioner is deemed to have completed a recognised training course if they have

- Undertaken specific training in the delivery of culturally appropriate mental health/health services for Aboriginal and/or Torres Strait Islander people. 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.

Delivering culturally appropriate services to clients who are of Aboriginal and/or Torres Strait Islander status is a Mental Health specific performance indicator, reported to the Department (see section A12). Hence, it is essential this field is accurately filled in by practitioners.

## A8.7 Client outcomes

The PMHC MDS has the provision for the capture of three outcome measures:

- The Kessler Psychological Distress Scale K10+ (K10) is the prescribed measure for adults (18+ years)
- The K5 may be used for Aboriginal and/or Torres Strait Islander people if that is considered more appropriate
- The Strengths and Difficulties Questionnaires (SDQ) is the prescribed tool for children and young people. The specified versions include the parent-report for 4-10 years and 11-17 years; and the self-report for 11-17 years

**Please note: For adolescents, clinician-discretion is allowed, and that the K10+ or K5 may be used, even though the person is under 18 years.**

Outcome measures must at a minimum be collected at the start and the end of an episode of care. Collecting and recording outcome measures is a Mental Health specific performance indicator, reported to the Department (see section A12).

## A9. Reports and Data Extracts

There are a range of Reports on the PMHC MDS website. The Reports page can be accessed here: <https://pmhc-mds.net/#/reports/standard/system>. Information about them can be found here: <https://docs.pmhc-mds.com/projects/user-documentation/en/latest/reporting.html>. Some reports may be helpful for service providers, but it must be remembered that reports are at the Organisation level. Hence, if a provider has multiple programs for which they enter data into the PMHC MDS, they will not be able to distinguish these in the Reports.

The most useful report is the **A1 report: High level summary of overall volumes**. This will indicate the number of active clients, active episodes and service contacts that have been conducted during a period chosen by the user. Other useful reports, for those who are looking at other aspects of the data aside from service level, may include the following:

- A7 – Open episodes with no service contact activity for 90+ days
- A8 – Data quality report – Recording of outcome measures for open episodes
- B6 – Client Outcomes
- App-2 – Indigenous Population receiving culturally appropriate services
- App-3 – Suicide Risk Followup
- Out-3 – Completion rates for clinical outcome measures

App-2, App-3 and Out-3 are the corresponding Mental Health performance indicators that are reported to the Department (see section A12).

There is also scope to download a Data Extract for a period chosen by the user. This can be done here: <https://pmhc-mds.net/#/data-extract/request>, with instructions here: <https://docs.pmhc-mds.com/projects/user-documentation/en/latest/data-extract.html>. As with the reports, a Data Extract can only be downloaded at Organisation level.

A Data Extract will provide an Excel file (or zipped .csv file) of all the data entered for the period selected. This will be provided in various sheets that mirror the various record files. It will only include data for the period selected, unless the option is chosen to include data without associated dates or to include all data associated with matched episodes (explained here: <https://docs.pmhc-mds.com/projects/user-documentation/en/latest/data-extract.html#dates-explained-for-data-extract>).

**Note, users will need to be logged into the PMHC-MDS to access these links.**

## A10. Alignment of Episodes to Contracts

For provider organisations who have multiple contracts with HNECC PHN to provide mental health services, where they report into the PMHC MDS, it is necessary for HNECC PHN to be able to distinguish the clients from the different programs. Provider organisations must utilise a consistent method to allow this to occur. This can be done at organisation level, so as to allow organisations to implement their own conventions, but these must be communicated to HNECC PHN.

Examples of conventions include the following:

- Episode Keys and/or Client Keys start with a particular prefix or containing a particular string depending on the program the episode is being managed through.
- The Episode Tags field can be used to indicate the program – either by indicating the corresponding HNECC PHN Contract Key (SERV- number) or by entering the program name/acronym. This is a free text field so care must be taken to enter the text accurately.
- A separate Organisation Path can be set up (set up by HNECC PHN), so clients from different programs can be entered through a different Organisation Path, which removes the necessity of either of the above requirements.

If you are unsure of a convention to employ, please contact your Commissioning Coordinator in the first instance.

## A11. Managing Access to the PMHC MDS

The following process is to be followed when setting up access to the PMHC MDS for staff who are to enter data into the system.

- Service providers nominate a person(s) in their organisation who will manage the users within their organisation – their ‘User Manager’. HNECC PHN will request access to the system for this initial person. This may be multiple people.
- This person/s will be set up with the User Management role (see <https://docs.pmhc-mds.com/projects/user-documentation/en/latest/users.html#users-roles>).
- The ‘User Manager’ may then grant access to other staff within the organisation. Instructions on how to invite a new user to the PMHC MDS are here: <https://docs.pmhc-mds.com/projects/user-documentation/en/latest/users.html#adding-a-new-user>. They can also remove staff from having access if/when required.

Each individual staff member should be set up with their own unique login access. The registration process requires the new user’s email address and a mobile phone number.

The mobile number is only used for the registration process and is not listed or viewable by other users within the PMHC MDS. When a new user is issued an invitation, they must accept the invitation within 7 days. Instructions on accepting an invitation can be found here: <https://docs.pmhc-mds.com/projects/user-documentation/en/latest/home.html#accepting-invitation>. All passwords to the system need to be changed by individual users every three months. Users will be reminded via an email prompt sent each day for 14 days prior to their password expiry date.

'User Managers' are responsible for maintaining their organisations' list of users and should periodically review their lists to ensure access is still required for those active users. Removing users who no longer require access improves the safety of the data by preventing unauthorised updates. To prompt this process, a monthly 'PMHC-MDS User Audit Reminder Notification' email is sent to users with the User Management role. The email will request that you review your PMHC MDS users and remove any who no longer require access.

## A12. Department of Health and Aged Care Program Indicators

The Department of Health and Aged Care monitors and measures the performance of Primary Health Networks through a Performance and Quality Framework and associated indicators.

There is a suite of Mental Health indicators that PHNs are required to report on, many of which come directly from the data entered into the PMHC MDS.

There are three that are of particular importance that will be monitored by HNECC PHN and reported in quarterly dashboards back to providers as part of the KPIs. These three indicators are all available as reports on the PMHC MDS Reports page (see section A9).

### A12.1 Indicator App-2

This indicator measures the proportion of PHN-commissioned mental health services delivered

to the regional First Nations population where the services were culturally appropriate. A culturally appropriate service is defined in the PMHC MDS as one that is delivered by a practitioner who:

- is of Aboriginal and/or Torres Strait Islander origin; or
- has indicated they have completed a recognised training programme in the delivery of culturally safe services to people of Aboriginal and/or Torres Strait Island origin;

Hence, it is important that when organisations complete their practitioner records, they fill in these particular fields.

In addition, a service is defined as culturally appropriate if it is delivered by a practitioner who is employed by an Aboriginal Community Controlled Health Service.

### A12.2 Indicator App-3

This indicator measures the proportion of people referred to PHN-commissioned services due to a recent suicide attempt or because they were at risk of suicide, who were followed up **within 7 days** of referral.

The requirement here is that all clients who have the 'Suicide referral flag' field marked as 1: Yes, are required to have an attended (not a No Show) service contact within 7 days. There are two important things to note here:

- The 'Suicide referral flag' field should only be entered as 1: Yes 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.
- Service contacts are any contacts made with clients where the nature of the service would normally warrant a dated entry in the clinical record of the client. So while this does not include administrative tasks, such as setting up an appointment, it would include contacts (phone or otherwise) to ascertain the condition of the client.

### A12.3 Indicator Out-3

This indicator measures the proportion of completed episodes that have outcome measures recorded at the start and end of the episode. For the purpose of the PMHC MDS, outcome measures may only be the K10, K5 or the SDQ (see section A8.7).

There are a few important things to note in relation to the measurement of the Out-3 indicator:

- The indicator only includes episodes which have the [Episode Completion Status](#) 1: Episode closed - treatment concluded. Hence, it is important that only episodes where the client has attended to the end of treatment and the service provider has had an opportunity to conduct an end outcome measure, are closed using this status. Otherwise, the episode completion status should indicate the episode was closed administratively, for which there are 5 options (2-6).
- The outcome measures interact with the Collection Occasion record in the PMHC MDS. Attention is drawn to the [Reason for collection](#) field in the Collection Occasion record. To satisfy this Indicator, closed episodes should have an outcome measure with 'Reason for collection' 1: Episode start, and an outcome measure with 'Reason for collection' 3: Episode end.
- In addition to the above it is recommended that episodes are closed administratively after a period of 65 days of non-contact with the client
- The outcome measures at the start and the end of an episode must be of matching type as per the following table:

INITIAL	FINAL
K5	K5
K10+	K10+
SDQ PC101	SDQ PC201
SDQ PY101	SDQ PY201
SDQ YR101	SDQ YR201



## SUB-APPENDIX AA: PMHC MDS QUICK REFERENCE GUIDE

HNECC PHN PROGRAM	MANDATORY VALUE
<b>Low Intensity</b>	Program Type = 1 (Flexible Funding Pool) Principal Focus of Treatment = 2 (Low intensity psychological intervention) Funding Source = 11 (Flexible funding pool - Low intensity)
<b>Mental Health Services for Vulnerable People</b>	Program Type = 1 (Flexible Funding Pool) Principal Focus of Treatment = 1 (Psychological therapy) Funding Source = 15 (Flexible funding pool - Services for People with Severe Mental Illness)
<b>Psych services in RACFs</b>	Program Type = 1 (Flexible Funding Pool) Principal Focus of Treatment = 1 (Psychological therapy) Service Contact Venue = 8 Funding source = 20 (Psychological Treatment in Residential Aged Care Facilities)
<b>Clinical Care Coordination</b>	Program Type = 1 (Flexible Funding Pool) Principal Focus of Treatment = 3 (Clinical Care Coordination) Funding Source = 15 (Flexible funding pool - Services for People with Severe Mental Illness)
<b>Commonwealth Psychosocial Support</b>	Program Type = 4 (Psychosocial) Principal Focus of Treatment = 7 (Other) Funding Source = 19 (Commonwealth Psychosocial Support)
<b>Head to Health</b>	Program Type = 2 (Head to Health) Principal Focus of Treatment = 1 (Psychological therapy) Funding Source = 23 (Head to Health program)
<b>First Nations Mental Health</b>	Program Type = 1 (Flexible Funding Pool) Principal Focus of Treatment = 6 (Indigenous-specific mental health services) Funding Source = 18 (Indigenous Mental Health)
<b>Youth Complex</b>	Program Type = 1 (Flexible Funding Pool) Principal Focus of Treatment = 5 (Child and youth-specific mental health services) Funding Source = 12 (Flexible funding pool - Youth Severe)
<b>First Nations Aftercare</b>	Program Type = 1 (Flexible Funding Pool) Principal Focus of Treatment = 6 (Indigenous-specific mental health services) Funding Source = 16 (Flexible funding pool - Suicide Prevention - Indigenous)



## SUB-APPENDIX AB: HNECC PHN SPECIFIC INFORMATION FOR PMHC MDS

The PMHC MDS provides multiple options to select from for each of the fields. This section provides guidance on some of the key fields within the PMHC MDS as they relate to different programs provided by HNECC PHN commissioned services.

### AB.1 Low Intensity Services

HNECC PHN has commissioned services to provide low intensity face-to-face or phone/web-based counselling service. All episodes provided in the program should be captured with a Program Type of 1, Flexible Funding Pool and a Principal Focus of Treatment of 2, Low intensity psychological intervention. The service contact type should be representative of the work undertaken during the service contact. For example, if an assessment was undertaken, the service contact type should be captured as 1, Assessment.

RECORD	FIELD	POSSIBLE VALUE/S	COMMENTS
Episode	Program Type	1: Flexible Funding Pool	This is the only valid option for low intensity services.
	Principal Focus of Treatment	2: Low intensity psychological intervention	This is the only valid option for low intensity services.
Service Contact	Service Contact Type	0: No contact took place 1: Assessment 2: Structured psychological intervention 3: Other psychological intervention 4: Clinical care coordination/liaison	If 0 is selected, then the field No Show must equal Yes.  Options 6, 7 and 8 should only be used for Service Contacts that cannot be described by any other Service Contact Type.
	Service Contact Modality	0: No contact took place 1: Face to Face 2: Telephone 3: Video 4: Internet-based	If 0 is selected, then the field No Show must equal Yes.  If Service Contact Modality is not 'Face to Face' the Service Contact Postcode must be entered as unknown 9999
	Service Contact Participants	1: Individual client 2: Client group 3: Family / Client Support Network 4: Other health professional or service provider 5: Other	Where this item is 1 or 2, Client Participation Indicator must be 1: Yes, otherwise it will be 2: No.  If a client failed to attend the appointment, this should be recorded in No Show

RECORD	FIELD	POSSIBLE VALUE/S	COMMENTS
	Service Contact Venue	Any of options 0 – 12. or 98: Not applicable (Service Contact Modality is not face to face)	Service contacts provided over the phone, video or internet should be captured as 98.  'Not stated' should not be used where possible
	Service Contact Postcode	The postcode that the service contact took place	If Service Contact Modality is 'Face to Face' the service contact postcode must be entered
	Funding Source	11: Flexible funding pool – Low intensity	This is the only valid option for low intensity services.

## AB.2 Mental Health Services for Vulnerable People

Providers commissioned to provide psychological therapy services through the Mental Health Services for Vulnerable People program should use the Program Type of 1, Flexible Funding Pool and Principal Focus of Treatment of 1, Psychological therapy.

The specific nature of work undertaken with a client in each service contact can be specified within the service contact type field. For example, a service contact that is primarily focused on assessing the client, would be captured as 1, Assessment. It would be anticipated that the majority of service contacts undertaken within this program would be classified as a Type 1, 2 or 3, but the other options are also valid.

RECORD	FIELD	POSSIBLE VALUE/S	COMMENTS
Episode	Program Type	1: Flexible Funding Pool	This is the only valid option for these services.
	Principal Focus of Treatment	1: Psychological therapy	This is the only valid option for these services.
	Suicide referral flag	1: Yes 2: No 9: Unknown	Only episodes where suicide was a factor noted in the referral should be coded with Yes.  <b>If Yes is used a service contact must take place within 7 days of the referral date.</b>
Service Contact	Service Contact Type	Any of options 0–9	If 0 is selected, then the field No Show must equal Yes.  Options 6, 7 and 8 should only be used for Service Contacts that cannot be described by any other Service Contact Type.

RECORD	FIELD	POSSIBLE VALUE/S	COMMENTS
	Service Contact Modality	0: No contact took place 1: Face to Face 2: Telephone 3: Video 4: Internet-based	If 0 is selected, then the field No Show must equal Yes.  If Service Contact Modality is not 'Face to Face' the Service Contact Postcode must be entered as unknown 9999
	Service Contact Participants	1: Individual client 2: Client group 3: Family / Client Support Network 4: Other health professional or service provider 5: Other	Where this item is 1 or 2, Client Participation Indicator must be 1: Yes, otherwise it will be 2: No.  If a client failed to attend the appointment, this should be recorded in No Show
	Service Contact Venue	Any of options 1 – 12 or 98: Not applicable (Service Contact Modality is not face to face)	Service contacts provided over the phone, video or internet should be captured as 98.  'Not stated' should not be used where possible.
	Service Contact Postcode	The postcode that the service contact took place	If Service Contact Modality is 'Face to Face' the service contact postcode must be entered
	Funding Source	15: Flexible funding pool - Services for People with Severe Mental Illness	

### AB.3 Clinical/Transitional Care Coordination

All episodes of care delivered under the Clinical Care Coordination and Transitional Care program need to be captured with a Program Type of 1, Flexible Funding Pool and Principal Focus of Treatment of 3, Clinical Care Coordination.

The specific nature of work undertaken with a client in each service contact can be specified within the service contact type field. For example, a service contact that is primarily focused on assessing the client, would be captured as 1, Assessment. It would be anticipated that the majority of service contacts undertaken within this program would be classified as a Type 1 or 4, but the other options are also valid.

RECORD	FIELD	POSSIBLE VALUE/S	COMMENTS
Episode	Program Type	1: Flexible Funding Pool	This is the only valid option for CCC services.
	Principal Focus of Treatment	3: Clinical Care Coordination	This is the only valid option for CCC services.
	Suicide referral flag	1: Yes 2: No 9: Unknown	Only episodes where suicide was a factor noted in the referral should be coded with Yes.  <b>If Yes is used a service contact must take place within 7 days of the referral date.</b>
Service Contact	Service Contact Type	Any of options 0-9	If 0 is selected, then the field No Show must equal Yes.  Options 6, 7 and 8 should only be used for Service Contacts that cannot be described by any other Service Contact Type.
	Service Contact Modality	0: No contact took place 1: Face to Face 2: Telephone 3: Video 4: Internet-based	If 0 is selected, then the field No Show must equal Yes.  If Service Contact Modality is not 'Face to Face' the Service Contact Postcode must be entered as unknown 9999
	Service Contact Participants	1: Individual client 2: Client group 3: Family / Client Support Network 4: Other health professional or service provider 5: Other	Where this item is 1 or 2, Client Participation Indicator must be 1: Yes, otherwise it will be 2: No.  If a client failed to attend the appointment, this should be recorded in No Show

RECORD	FIELD	POSSIBLE VALUE/S	COMMENTS
	Service Contact Venue	Any of options 1 – 12. or 98: Not applicable (Service Contact Modality is not face to face)	Service contacts provided over the phone, video or internet should be captured as 98.  'Not stated' should not be used where possible
	Service Contact Postcode	The postcode that the service contact took place	If Service Contact Modality is 'Face to Face', the service contact postcode must be entered.
	Funding Source	15: Flexible funding pool - Services for People with Severe Mental Illness	

#### AB.4 Psychological Intervention (RACFs)

All episodes of care delivered under the Clinical Care Coordination and Transitional Care program need to be captured with a Program Type of 1, Flexible Funding Pool and Principal Focus of Treatment of 1, Psychological therapy.

The specific nature of work undertaken with a client in each service contact can be specified within the service contact type field. For example, a service contact that is primarily focused on assessing the client, would be captured as 1, Assessment. It would be anticipated that the majority of service contacts undertaken within this program would be classified as a Type 1 or 4, but the other options are also valid.

RECORD	FIELD	POSSIBLE VALUE/S	COMMENTS
Episode	Program Type	1: Flexible Funding Pool	This is the only valid option for these services.
	Principal Focus of Treatment	1: Psychological therapy	This is the only valid option for these services.
	Suicide referral flag	1: Yes 2: No 9: Unknown	Only episodes where suicide was a factor noted in the referral should be coded with Yes.  <b>If Yes is used a service contact must take place within 7 days of the referral date.</b>

RECORD	FIELD	POSSIBLE VALUE/S	COMMENTS
Service Contact	Service Contact Type	Any of options 0-9	If 0 is selected, then the field No Show must equal Yes.  Options 6, 7 and 8 should only be used for Service Contacts that cannot be described by any other Service Contact Type.
	Service Contact Modality	0: No contact took place 1: Face to Face 2: Telephone 3: Video 4: Internet-based	If 0 is selected, then the field No Show must equal Yes.  If Service Contact Modality is not 'Face to Face' the Service Contact Postcode must be entered as unknown 9999
	Service Contact Participants	1: Individual client 2: Client group 3: Family / Client Support Network 4: Other health professional or service provider 5: Other	Where this item is 1 or 2, Client Participation Indicator must be 1: Yes, otherwise it will be 2: No.  If a client failed to attend the appointment, this should be recorded in No Show
	Service Contact Venue	8: Residential aged care facility or 98: Not applicable (Service Contact Modality is not face to face)	Can be elsewhere, if client not seen in RACF.  'Not stated' should not be used where possible.
	Service Contact Postcode	The postcode that the service contact took place	If Service Contact Modality is 'Face to Face', the service contact postcode must be entered.
	Funding Source	20: Psychological Treatment in Residential Aged Care Facilities	

### AB.5 Commonwealth Psychosocial Support

All episodes of care delivered under the Commonwealth Psychosocial Support program should be captured with a Program Type of 4, Psychosocial. Most service contacts would be classified as 9, Psychosocial support, but the other options are not excluded.

RECORD	FIELD	POSSIBLE VALUE/S	COMMENTS
Episode	Program Type	4: Psychosocial	This is the only valid option for CPS services.
	Principal Focus of Treatment	7: Other	
	Suicide referral flag	1: Yes 2: No 9: Unknown	Only episodes where suicide was a factor noted in the referral should be coded with Yes.  <b>If Yes is used a service contact must take place within 7 days of the referral date.</b>
Service Contact	Service Contact Type	Any of options 0-9	If 0 is selected, then the field No Show must equal Yes.  Options 6, 7 and 8 should only be used for Service Contacts that cannot be described by any other Service Contact Type.
	Service Contact Modality	0: No contact took place 1: Face to Face 2: Telephone 3: Video 4: Internet-based	If 0 is selected, then the field No Show must equal Yes.  If Service Contact Modality is not 'Face to Face' the Service Contact Postcode must be entered as unknown 9999
	Service Contact Participants	1: Individual client 2: Client group 3: Family / Client Support Network 4: Other health professional or service provider 5: Other	Where this item is 1 or 2, Client Participation Indicator must be 1: Yes, otherwise it will be 2: No.  If a client failed to attend the appointment, this should be recorded in No Show
	Service Contact Venue	Any of options 1 – 12. or 98: Not applicable (Service Contact Modality is not face to face)	Service contacts provided over the phone, video or internet should be captured as 98.  'Not stated' should not be used where possible

RECORD	FIELD	POSSIBLE VALUE/S	COMMENTS
	Service Contact Postcode	The postcode that the service contact took place	If Service Contact Modality is 'Face to Face', the service contact postcode must be entered.
	Funding Source	19: Commonwealth Psychosocial Support	This is the only valid option for CPS services.

## AB.6 Head to Health

All episodes of care delivered under the Head to Health program should be captured with a Program Type of 2, Head to Health and a Principal Focus of Treatment of 1, Psychological therapy.

The specific nature of work undertaken with a client in each service contact can be specified within the service contact type field. For example, a service contact that is primarily focused on assessing the client, would be captured as 1, Assessment. It would be anticipated that the majority of service contacts undertaken within this program would be classified as a Type 1, 2 or 3, but the other options are also valid.

RECORD	FIELD	POSSIBLE VALUE/S	COMMENTS
Episode	Program Type	2: Head to Health	This is the only valid option for these services.
	Principal Focus of Treatment	1: Psychological therapy; or 3: Clinical care coordination	
	Suicide referral flag	1: Yes 2: No 9: Unknown	Only episodes where suicide was a factor noted in the referral should be coded with Yes.  <b>If Yes is used a service contact must take place within 7 days of the referral date.</b>
Service Contact	Service Contact Type	Any of options 0-9	If 0 is selected, then the field No Show must equal Yes.  Options 6, 7 and 8 should only be used for Service Contacts that cannot be described by any other Service Contact Type.



RECORD	FIELD	POSSIBLE VALUE/S	COMMENTS
	Service Contact Modality	0: No contact took place 1: Face to Face 2: Telephone 3: Video 4: Internet-based	If 0 is selected, then the field No Show must equal Yes.  If Service Contact Modality is not 'Face to Face' the Service Contact Postcode must be entered as unknown 9999
	Service Contact Participants	1: Individual client 2: Client group 3: Family / Client Support Network 4: Other health professional or service provider 5: Other	Where this item is 1 or 2, Client Participation Indicator must be 1: Yes, otherwise it will be 2: No.  If a client failed to attend the appointment, this should be recorded in No Show
	Service Contact Venue	Any of options 1 – 12. or 98: Not applicable (Service Contact Modality is not face to face)	Service contacts provided over the phone, video or internet should be captured as 98.  'Not stated' should not be used where possible
	Service Contact Postcode	The postcode that the service contact took place	If Service Contact Modality is 'Face to Face' the service contact postcode must be entered
	Funding Source	23: Head to Health program 24: Head to Health Kids Hubs	These are the only valid options for these services.

### AB.7 First Nations Mental health

All episodes of care delivered under the First Nations (Indigenous) Mental Health program should be captured with a Program Type of 1, Flexible Funding Pool and a Principal Focus of Treatment of 6, Indigenous-specific mental health services. Most service contacts should be classified as one of options 1-4, but all are valid. Note that the Service Contact Type 8, Cultural specific assistance NEC 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 Aboriginal and/or Torres Strait Islander clients can be assigned to other categories.

For the group program, all clients who attend a session require a service contact recorded, where the field Service Contact Participants should be recorded as 2: Client group. There is no way to indicate the number of group sessions run in total in the PMHC MDS, this will be discussed in quarterly meetings.

RECORD	FIELD	POSSIBLE VALUE/S	COMMENTS
Episode	Program Type	1: Flexible Funding Pool	This is the only valid option for these services.
	Principal Focus of Treatment	6: Indigenous-specific mental health services	This is the only valid option for these services.
	Suicide referral flag	1: Yes 2: No 9: Unknown	Only episodes where suicide was a factor noted in the referral should be coded with Yes.  <b>If Yes is used a service contact must take place within 7 days of the referral date.</b>
Service Contact	Service Contact Type	Any of options 0-9	If 0 is selected, then the field No Show must equal Yes.  Options 6, 7 and 8 should only be used for Service Contacts that cannot be described by any other Service Contact Type.
	Service Contact Modality	0: No contact took place 1: Face to Face 2: Telephone 3: Video 4: Internet-based	If 0 is selected, then the field No Show must equal Yes.  If Service Contact Modality is not 'Face to Face' the Service Contact Postcode must be entered as unknown 9999
	Service Contact Participants	1: Individual client 2: Client group 3: Family / Client Support Network 4: Other health professional or service provider 5: Other	Where this item is 1 or 2, Client Participation Indicator must be 1: Yes, otherwise it will be 2: No.  If a client failed to attend the appointment, this should be recorded in No Show.  For the group program, all clients who attend a session require a service contact recorded, where 2: Client group is indicated. There is no way to indicate the number of group sessions run, this will be discussed in quarterly meetings

RECORD	FIELD	POSSIBLE VALUE/S	COMMENTS
	Service Contact Venue	Any of options 1 – 12 or 98: Not applicable (Service Contact Modality is not face to face)	Service contacts provided over the phone, video or internet should be captured as 98.  'Not stated' should not be used where possible
	Service Contact Postcode	The postcode that the service contact took place	If Service Contact Modality is 'Face to Face' the service contact postcode must be entered
	Funding Source	18: Indigenous Mental Health	This is the only valid option for these services.

### AB.8 Youth Complex

All episodes of care delivered under the Youth Complex program should be captured with a Program Type of 1, Flexible Funding Pool and a Principal Focus of Treatment of 5, Child and youth-specific mental health services. Most service contacts should be classified as one of options 1-4, but all are valid. Note that the Service

Contact Type 6, Child or youth-specific assistance NEC, 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.

RECORD	FIELD	POSSIBLE VALUE/S	COMMENTS
Episode	Program Type	1: Flexible Funding Pool	This is the only valid option for these services.
	Principal Focus of Treatment	5: Child or youth-specific mental health services	This is the only valid option for these services.
	Suicide referral flag	1: Yes 2: No 9: Unknown	Only episodes where suicide was a factor noted in the referral should be coded with Yes.  <b>If Yes is used a service contact must take place within 7 days of the referral date.</b>
Service Contact	Service Contact Type	Any of options 0-9	If 0 is selected, then the field No Show must equal Yes.  Options 6, 7 and 8 should only be used for Service Contacts that cannot be described by any other Service Contact Type.

RECORD	FIELD	POSSIBLE VALUE/S	COMMENTS
	Service Contact Modality	0: No contact took place 1: Face to Face 2: Telephone 3: Video 4: Internet-based	If 0 is selected, then the field No Show must equal Yes.  If Service Contact Modality is not 'Face to Face' the Service Contact Postcode must be entered as unknown 9999
	Service Contact Participants	1: Individual client 2: Client group 3: Family / Client Support Network 4: Other health professional or service provider 5: Other	Where this item is 1 or 2, Client Participation Indicator must be 1: Yes, otherwise it will be 2: No.  If a client failed to attend the appointment, this should be recorded in No Show.
	Service Contact Venue	Any of options 1 – 12 or 98: Not applicable (Service Contact Modality is not face to face)	Service contacts provided over the phone, video or internet should be captured as 98.  'Not stated' should not be used where possible
	Service Contact Postcode	The postcode that the service contact took place	If Service Contact Modality is 'Face to Face' the service contact postcode must be entered
	Funding Source	12: Flexible funding pool – Youth Severe	This is the only valid option for these services.

### AB.9 Primary Mental Health for Children

All episodes of care delivered under the Primary Mental Health for Children program should be captured with a Program Type of 1, Flexible Funding Pool and a Principal Focus of Treatment of 5, Child and youth-specific mental health services.

RECORD	FIELD	POSSIBLE VALUE/S	COMMENTS
Episode	Program Type	1: Flexible Funding Pool	This is the only valid option for these services.
	Principal Focus of Treatment	5: Child or youth-specific mental health services	This is the only valid option for these services.
	Suicide referral flag	1: Yes 2: No 9: Unknown	Only episodes where suicide was a factor noted in the referral should be coded with Yes.  <b>If Yes is used a service contact must take place within 7 days of the referral date.</b>
Service Contact	Service Contact Type	Any of options 0-9	If 0 is selected, then the field No Show must equal Yes.  Options 6, 7 and 8 should only be used for Service Contacts that cannot be described by any other Service Contact Type.
	Service Contact Modality	0: No contact took place 1: Face to Face 2: Telephone 3: Video 4: Internet-based	If 0 is selected, then the field No Show must equal Yes.  If Service Contact Modality is not 'Face to Face' the Service Contact Postcode must be entered as unknown 9999
	Service Contact Participants	1: Individual client 2: Client group 3: Family / Client Support Network 4: Other health professional or service provider 5: Other	Where this item is 1 or 2, Client Participation Indicator must be 1: Yes, otherwise it will be 2: No.  If a client failed to attend the appointment, this should be recorded in No Show.
	Service Contact Venue	Any of options 1 – 12 or 98: Not applicable (Service Contact Modality is not face to face)	Service contacts provided over the phone, video or internet should be captured as 98.  'Not stated' should not be used where possible

RECORD	FIELD	POSSIBLE VALUE/S	COMMENTS
	Service Contact Postcode	The postcode that the service contact took place	If Service Contact Modality is 'Face to Face' the service contact postcode must be entered
	Funding Source	13: Flexible funding pool – Child and Youth	

### AB.10 Intake Assessment and Referral

The Intake Assessment and Referral program (known as PRIMA) should use the Intake context to record their interactions with Intake clients. 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. When referral is made of a client to a treatment organisation, the Intake Assessment and Referral organisation will provide their [Intake Organisation Path](#) and the [Intake Key](#) to the treatment provider so they can complete an [Intake Episode](#) record. This allows the Intake record (completed by the Intake organisation) to be linked to the Episode record (completed by the Treatment organisation).

All Intake records for the Intake Assessment and Referral program should be captured with a Program Type of 1, Flexible Funding Pool.

### AB.11 The Way Back Service

In July 2020, the PMHC MDS was extended to allow data collection for The Way Back Support Service. The Way Back Support Service Minimum Data Set is an extension of the PMHC MDS. The current version of the Way Back extension, Version 3 specification, is in the process of being upgraded to be based on the Version 4 specification. The documentation for The Way Back Support Service can be found here: <https://docs.pmhc-mds.com/projects/data-specification-wayback/en/v3/>. Only service providers who are providing services under The Way Back Support Service should use this.

## SUB-APPENDIX AC: COMPLETE LISTING OF THE FIELDS AND VALUES FOR THE PMHC MDS

### Client record

Each client will require the following information to be collected.

FIELD	MANDATORY	DESCRIPTION
Organisation Path	Y	A sequence of colon separated Organisation Keys that fully specifies the Provider Organisation providing a service to the client. Provided by HNECC PHN.
Client Key	Y	This is a number or code assigned to each individual client referred to the commissioned organisation.
Statistical Linkage Key	Y	The SLK is a unique identifier for an individual which allows multiple episodes of care (and service contacts) to be associated with an individual, without the need to identify that person.
Date of Birth	Y	DDMMYYYY
Estimated Date of Birth Flag	N	1: Date of birth is accurate 2: Date of birth is an estimate 8: Date of birth is a 'dummy' date (i.e., 09099999) 9: Accuracy of stated date of birth is not known
Gender	Y	0: Not stated / inadequately described 1: Male 2: Female 3: Other
Aboriginal and Torres Strait Islander Status	Y	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 and Torres Strait Islander origin 9: Not stated / inadequately described
Country of Birth	Y	1101: Australia See full specification for more options

FIELD	MANDATORY	DESCRIPTION
Main Language Spoken at Home	N	1201: English See full specification for more options
Proficiency in Spoken English	N	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 5: Not stated/inadequately described
Tags	N	

## Episode record

Each episode will require the following information to be collected.

FIELD	MANDATORY	DESCRIPTION
Organisation Path	Y	A sequence of colon separated Organisation Keys that fully specifies the Provider Organisation providing a service to the client. Provided by HNECC PHN.
Episode Key	Y	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	Y	This is a number or code assigned to each individual client referred to the commissioned organisation.
Episode End Date	Y	DDMMYYYY The date on which an Episode of Care is formally or administratively ended (left blank if episode is still open).
Client Consent to Anonymised Data	Y	1: Yes 2: No



FIELD	MANDATORY	DESCRIPTION
Episode Completion Status	Y	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	Y	DDMMYYYY The date the referrer made the referral.
Program Type (see Sub-Appendix AB for more information on this field)	Y	1: Flexible Funding Pool 2: Head to Health 3: AMHC 4: Psychosocial 5: Bushfire Recovery 2020
Principal Focus of Treatment Plan (see Sub-Appendix AB for more information on this field)	Y	1: Psychological therapy 2: Low intensity psychological intervention 3: Clinical care coordination 4: Complex care package 5: Child and youth-specific mental health services 6: Indigenous-specific mental health services 7: Other
GP Mental Health Treatment Plan Flag	N	1: Yes 2: No 3: Unknown 9: Not stated/inadequately described
Homelessness Flag	N	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	Y	Postcode of the client

FIELD	MANDATORY	DESCRIPTION
Labour Force Status	Y	1: Employed 2: Unemployed 3: Not in the Labour Force 4: Not stated / inadequately described
Employment Participation	N	1: Full-time 2: Part-time 3: Not applicable - not in the labour force 9: Not stated / inadequately described
Source of Cash Income	N	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	Y	1: Yes 2: No 3: Not Known 9: Not stated
NDIS Participant	Y	1: Yes 2: No 9: Not stated / inadequately described
Marital Status	N	1: Never married 2: Widowed 3: Divorced 4: Separated 5: Married (registered and de facto) 6: Not stated / inadequately described
Suicide Referral Flag	Y	1: Yes 2: No 9: Unknown

FIELD	MANDATORY	DESCRIPTION
Principal Diagnosis	Y	See full specification for options.
Additional Diagnosis	Y	See full specification for details.
Medication - Antipsychotics	N	1: Yes 2: No 9: Unknown
Medication - Anxiolytics	N	1: Yes 2: No 9: Unknown
Medication - Hypnotics and sedatives	N	1: Yes 2: No 9: Unknown
Medication - Antidepressants	N	1: Yes 2: No 9: Unknown
Medication - Psychostimulants and nootropics	N	1: Yes 2: No 9: Unknown

FIELD	MANDATORY	DESCRIPTION
Referrer Profession	Y	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

FIELD	MANDATORY	DESCRIPTION
Referrer Organisation Type	Y	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

FIELD	MANDATORY	DESCRIPTION
Organisation type referred to at Episode conclusion	Y	0: None / Not applicable 1: General Practice 2: Medical Specialist Consulting Rooms 3: Private practice 4: Public mental health service 5: Public Hospital 6: Private Hospital 7: Emergency Department 8: Community Health Centre 9: Drug and Alcohol Service 10: Community Support Organisation NFP 11: Indigenous Health Organisation 12: Child and Maternal Health 13: Nursing Service 14: Telephone helpline 15: Digital health service 16: Family Support Service 17: School 18: Tertiary Education institution 19: Housing service 20: Centrelink 21: Other 22: HeadtoHelp / HeadtoHealth Hub 23: Other PHN funded service 24: AMHC 99: Not stated  <b>Multiple space separated values allowed</b>
Episode Tags	N	

## Service Contact record

Each service contact will require the following information to be collected.

FIELD	MANDATORY	DESCRIPTION
Organisation Path	Y	A sequence of colon separated Organisation Keys that fully specifies the Provider Organisation providing a service to the client. Provided by HNECC PHN.
Service Contact Key	Y	This is a unique number or code assigned to each service contact.
Episode Key	Y	This is a unique number or code assigned to each episode.
Practitioner Key	Y	A unique identifier for a practitioner within the provider organisation.
Service Contact Date	Y	The date of each mental health service contact between a health service provider and patient/client, in the form DDMMYYYY.
Service Contact Type	Y	<ul style="list-style-type: none"> <li>0: No contact took place</li> <li>1: Assessment</li> <li>2: Structured psychological intervention</li> <li>3: Other psychological intervention</li> <li>4: Clinical care coordination/liaison</li> <li>5: Clinical nursing services</li> <li>6: Child or youth specific assistance NEC</li> <li>7: Suicide prevention specific assistance NEC</li> <li>8: Cultural specific assistance NEC</li> <li>9: Psychosocial support</li> <li>98: ATAPS</li> </ul>
Postcode	Y	The Australian postcode where the service contact took place.
Modality	Y	<ul style="list-style-type: none"> <li>0: No contact took place</li> <li>1: Face to Face</li> <li>2: Telephone</li> <li>3: Video</li> <li>4: Internet-based</li> </ul>
Participants	Y	<ul style="list-style-type: none"> <li>1: Individual client</li> <li>2: Client group</li> <li>3: Family / Client Support Network</li> <li>4: Other health professional or service provider</li> <li>5: Other</li> <li>9: Not stated</li> </ul>

FIELD	MANDATORY	DESCRIPTION
Venue	Y	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	Y	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	Y	All HNECC PHN commissioned services must be provided free of charge. Hence the response here is to be 0.
Client Participation Indicator	Y	1: Yes 2: No
Interpreter Used	Y	1: Yes 2: No 9: Not stated



FIELD	MANDATORY	DESCRIPTION
No Show	Y	1: Yes 2: No
Final Service Contact	Y	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	N	The start time of each mental health service contact between a health service provider and patient/client.
Funding Source (see Sub-Appendix AB for more information on this field)	Y	0: Flexible funding pool - Not Otherwise Stated 11: Flexible funding pool - Low intensity 12: Flexible funding pool - Youth Severe 13: Flexible funding pool - Child and Youth 14: Flexible funding pool - Psychological therapies for hard to reach 15: Flexible funding pool - Services for People with Severe Mental Illness 16: Flexible funding pool - Suicide Prevention - Indigenous 17: Flexible funding pool - Suicide Prevention - General 18: Indigenous Mental Health 19: Commonwealth Psychosocial Support 20: Psychological Treatment in Residential Aged Care Facilities 21: Emergency Response - Bushfire Recovery 2020 22: Emergency Response - Flood 2022 23: Head to Health program 24: Head to Health Kids Hubs 25: Norfolk Island 26: National Suicide Prevention Trial 27: Way Back Support Service 97: Other funding source - no Commonwealth Funding 98: Unknown / Not stated
Tags	N	

## Practitioner record

Each practitioner will require the following information to be collected.

FIELD	MANDATORY	DESCRIPTION
Organisation Path	Y	A sequence of colon separated Organisation Keys that fully specifies the Provider Organisation providing a service to the client. Provided by HNECC PHN.
Practitioner Key	Y	A unique identifier for a practitioner within the responsible provider organisation.
Category	Y	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	Y	1: Yes 2: No 3: Not required 9: Missing / Not recorded
Year of Birth	Y	In the form YYYY
Gender	N	0: Not stated / Inadequately described 1: Male 2: Female 3: Other
Aboriginal and Torres Strait Islander Status	Y	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

FIELD	MANDATORY	DESCRIPTION
Active	Y	0: Inactive 1: Active
Tags	N	

## Service Contact Practitioner record

The launch of the new version 4 specification saw the introduction of the Service Contact Practitioner record. This record interacts with the Service Contact record and allows multiple practitioners to be associated with a Service Contact.

FIELD	MANDATORY	DESCRIPTION
Organisation Path	Y	A sequence of colon separated Organisation Keys that fully specifies the Provider Organisation providing a service to the client. Provided by HNECC PHN
Service Contact Practitioner Key	Y	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	Y	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	Y	A unique identifier for a practitioner within the provider organisation.
Primary Practitioner Indicator	Y	1: Yes 2: No

## Other records

### Intake records

The introduction of intake information with the new version 4 specification has introduced new records. The new Intake and IAR-DST records only need to be completed by organisations performing specific Intake services. For HNECC PHN, these include the Head to Health intake and the Intake Assessment and Referral service. If a treatment provider (as opposed to an Intake provider) receives a referral through one of these Intake channels, the referring Intake organisation will provide information such that the treatment provider can complete an [Intake Episode](#) record. This allows the Intake record (completed by the Intake organisation) to be linked to the Episode record (completed by the Treatment organisation). Otherwise, Intake Episodes are not required.

### Outcome Measures records

When an outcome measure has been completed, this must be entered into the PMHC MDS. This involves completing a [Collection Occasion](#) record, and a subsequent outcome measure record ([K10+](#), [K5](#) or [SDQ](#)). For the outcome measure records, providers must complete the Organisation Path, Measure Key and Collection Occasion Key fields and in the case of the SDQ, the SDQ Version field. Other than that, providers can fill in responses for each question, or alternatively can just fill in the response for the Score field (and entering 9 for all the individual question fields).

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