



Government of **Western Australia**
Department of **Health**

Mental Health Data Collection

Data Specifications

July 2024

Important Disclaimer:

All information and content in this Material is provided in good faith by the WA Department of Health and is based on sources believed to be reliable and accurate at the time of development. The State of Western Australia, the WA Department of Health and their respective officers, employees and agents, do not accept legal liability or responsibility for the Material, or any consequences arising from its use.

| | |
|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Owner: | Department of Health, Western Australia |
| Contact: | Information and Performance Governance |
| Approved by: | Rob Anderson, Assistant Director General, Purchasing and System Performance |
| Links to: | Information Management Policy Framework https://ww2.health.wa.gov.au/About-us/Policy-frameworks/Information-Management |

Contents

| | |
|-------------------------------------------------------------------------|----|
| Abbreviations | 1 |
| 1. Purpose | 2 |
| 2. Background | 2 |
| 3. Contact details requirements | 2 |
| 4. Submission of data | 2 |
| 5. Data submission schedule | 2 |
| 6. Data element listing | 3 |
| 7. Data quality and validation correction process..... | 3 |
| 8. Glossary..... | 4 |
| 9. References..... | 5 |
| Appendix A – Contact details form..... | 6 |
| Appendix B – Client demographics..... | 7 |
| Appendix C – Inpatient services | 10 |
| Appendix D – Referrals..... | 12 |
| Appendix E – Alerts | 17 |
| Appendix F – Incidents | 18 |
| Appendix G – Community mental health and service contacts | 20 |
| Appendix H – NOCC and AMHCC clinical measures | 25 |
| Appendix I – Legal orders | 33 |
| Appendix J – Triage | 39 |
| Appendix K – Risk assessment and management plan..... | 43 |
| Appendix L – Child and adolescent risk assessment and management plan . | 54 |
| Appendix M – Summary of revisions..... | 63 |

Abbreviations

| | |
|------------------------|--------------------------------------------------------------------------------------------------------------------------|
| ABF | Activity Based Funding |
| AMHCC | Australian Mental Health Care Classification |
| ASCRG | Australian Standard Classification of Religious Groups |
| ASSIST | Alcohol, Smoking and Substance Involvement Screening Tool |
| CGAS | Children's Global Assessment Scale |
| CMHI | Central Mental Health Identifier |
| CRAMP | Child and Adolescent Risk Assessment and Management Plan |
| DOH | Department of Health |
| FIHS | Factors Influencing Health Status |
| HoNOS | Health of the Nation Outcome Scales |
| HoNOSCA | Health of the Nation Outcome Scales for Children and Adolescents |
| HoNOS 65+ | Health of the Nation Outcome Scales 65+ |
| ICD-10-AM | International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification |
| ICT | Information and Communications Technology |
| IHACPA | Independent Health and Aged Care Pricing Authority |
| K10 / K10-L3D / K10+LM | Kessler Psychological Distress Scale |
| LSP | Life Skills Profile |
| MH | Mental health |
| MHA | Mental health assessment |
| MHDC | Mental Health Data Collection |
| MHPoC | Mental Health Phase of Care |
| NOCC | National Outcomes and Casemix Collection |
| PSOLIS | Psychiatric Services On-line Information System |
| RAMP | Risk Assessment and Management Plan |
| RUG-ADL | Resource Utilisation Groups - Activities of Daily Living |
| SACC | Standard Australian Classification of Countries 2016 |
| SDQ | Strengths and Difficulties Questionnaire |
| SSCD | State-wide Standardised Clinical Documentation |
| UMRN | Unit Medical Record Number |
| WA | Western Australia |

1. Purpose

The purpose of *the Mental Health Data Collection Data Specifications* is to outline the requirements for Health Service Providers and Contracted Health Entities to report mental health patient activity to the Department of Health.

Mental Health Data Collection Data Specifications is a Related Document mandated under [MP 0164/21 Patient Activity Data Policy](#).

These data specifications are to be read in conjunction with this policy and other Related Documents and Supporting Information as follows:

- [Admitted Patient Activity Data Business Rules](#)
- [Community Mental Health Patient Activity Data Business Rules](#)
- [Mental Health Data Collection Data Dictionary](#)
- [Patient Activity Data Policy Information Compendium](#).

2. Background

Mental health patient activity data must be recorded in the Psychiatric Services Online Information System (PSOLIS) in an accurate and timely manner so that the data are available and can be accessed for inclusion into the Mental Health Data Collection (MHDC).

3. Contact details requirements

Data providers must complete the contact details form (Appendix A) and provide contact details for two people who can be contacted in the event of data submission queries or issues:

- ICT technical contact – for data load/extract issues
- Information management contact – for data queries

4. Submission of data

Data must be submitted to the MHDC in accordance with the data submission schedule (Section 5) and data element listing (Section 0) outlined below, unless otherwise agreed to with the MHDC Custodian.

5. Data submission schedule

Data must be made available for the relevant reporting period as per the schedule set below:

| PAS | Reporting Period | Provided to MHDC | Notes |
|--------|-------------------------|------------------|-------|
| PSOLIS | Daily data, to midnight | Next day, 1am | |

6. Data element listing

Data providers must ensure that data is made available as per the specifications in the following appendices:

- Appendix B – Client demographics
- Appendix C – Inpatient services
- Appendix D – Referrals
- Appendix E – Alerts
- Appendix F – Incidents
- Appendix G – Community mental health and service contacts
- Appendix H – NOCC and AMHCC clinical measures
- Appendix I – Legal orders
- Appendix J – Triage
- Appendix K – Risk assessment and management plan
- Appendix L – Child and adolescent risk assessment and management plan

7. Data quality and validation correction process

Data providers are responsible for the quality of data provided. The Quality and Assurance Team at the Department of Health undertake data quality validations to ensure that data is compliant with reporting specifications, and the five data quality principles:

- relevance
- accuracy
- timeliness
- coherence
- interpretability.

Data validation and errors will be distributed to the reporting Health Service Provider via dashboards, spreadsheets or ad hoc communication.

Where the data correction and/or completion can be made via the PSOLIS front end, it is the responsibility of health care providers, administrative, clinical coding and clerical staff to complete and correct data validations within required times, as communicated by the Department.

Where corrections cannot be resolved via the PSOLIS front end, Health Support Services in consultation with Health Service Providers are responsible for correcting data.

Examples of data quality validations may include, but are not limited to the following:

- Patient demographics
- Reporting of blank or incorrect values
- Availability of sufficient information to enable reporting to the Independent Health and Aged Care Pricing Authority.

For the full list of current MHDC data quality validations, refer to the [MIND Data Validation Manual](#).

8. Glossary

The following definition(s) are relevant to this document.

| Term | Definition |
|--------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Custodian | A custodian manages the day-to-day operations of the information asset(s) and implements policy on behalf of the Steward and Sponsor. |
| Data Collection | Refer to Information Asset |
| Data Specifications | Data Specifications mandate the list of data elements, format and submission schedule for each information asset. |
| Health Service Provider | As per section 6 of the <i>Health Services Act 2016</i> , a Health Service Provider established by an order made under section 32(1)(b) |
| Information asset | A collection of information that is recognised as having value for the purpose of enabling the WA health system to perform its clinical and business functions, which include supporting processes, information flows, reporting and analytics. |
| Patient Activity Data Business Rules | Patient Activity Data Business Rules mandate the rules, scope and criteria to be used when recording health service patient activity data and reporting to the Department of Health. |
| WA health system | The WA health system is comprised of: <ul style="list-style-type: none"> (i) the Department; (ii) Health Service Providers (North Metropolitan Health Service, South Metropolitan Health Service, Child and Adolescent Health Service, WA Country Health Service, East Metropolitan Health Service, PathWest Laboratory Medicine WA, Quadriplegic Centre and Health Support Services); and (iii) contracted health entities, to the extent they provide health services to the State. |

9. References

These data specifications should be read in conjunction with PSOLIS operational guidelines and the information linked below:

[Australian Mental Health Care Classification Version 1.1](#)

[Community Mental Health Care National Minimum Data Set](#)

[Mental Health Care Data Set Specification](#)

[Mental Health Phase of Care Guide](#)

[National Outcomes Casemix Collection Technical Specifications](#)

[Residential Mental Health Care National Minimum Data Set](#)

Appendix A – Contact details form



Government of **Western Australia**
Department of **Health**

Mental Health Data Collection Data Provider Contact Details Form

The purpose of this form is to collect contact information for persons providing data to the Mental Health Data Collection.

Name of Data Provider or Feeder System Click or tap here to enter text.

Date Click or tap here to enter text.

ICT Technical Contact

Please provide details for the person to contact regarding technical queries (e.g., data loading, extract issues)

Name Click or tap here to enter text.

Position Click or tap here to enter text.

Organisation Click or tap here to enter text.

Email Click or tap here to enter text.

Phone Click or tap here to enter text.

Information Management Contact

Please provide contact details for the person to contact regarding data queries (e.g., queries relating to data interpretation)

Name Click or tap here to enter text.

Position Click or tap here to enter text.

Organisation Click or tap here to enter text.

Email Click or tap here to enter text.

Phone Click or tap here to enter text.

Please submit this form to mentalhealthdata@health.wa.gov.au

Appendix B – Client demographics

| Label | Data Type | Format | Requirement | Permitted Values |
|--------------------------------------|-----------|------------|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Aboriginal Status | Numeric | N | Mandatory | 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 nor Torres Strait Islander origin 9 – Not stated/inadequately described |
| Age of Client | Numeric | N[NN] | N/A | Whole number from 0 to 130 |
| Age on Activation | Numeric | N[NN] | N/A | Whole number from 0 to 130 |
| Age on Alert | Numeric | N[NN] | N/A | Whole number from 0 to 130 |
| Age on Contact | Numeric | N[NN] | N/A | Whole number from 0 to 130 |
| Age on Incident | Numeric | N[NN] | N/A | Whole number from 0 to 130 |
| Age on Referral | Numeric | N[NN] | N/A | Whole number from 0 to 130 |
| Arrival Year | Datetime | YYYY | Conditional | Valid year greater than 1900 |
| Australian Postcode | Numeric | NNNN | Mandatory | Valid Australian postcode |
| Australian State or Country of Birth | Numeric | NNNN | Mandatory | As per the Standard Australian Classification of Countries 2016 (SACC 2016) |
| Client Identifier | Numeric | NNNNNNNNNN | Mandatory | Unique numeric identifier |
| Country of Residence | Numeric | NNNN | Mandatory | As per the Standard Australian Classification of Countries 2016 (SACC 2016) |
| Date of Birth | Datetime | DDMMYYYY | Mandatory | Valid date |
| Date of Birth Indicator | Numeric | N | Conditional | 0 – No 1 – Yes |

| Label | Data Type | Format | Requirement | Permitted Values |
|----------------------|-----------|----------|-------------|------------------------------------------------------------------------------------------------------------------------------------------|
| | | | | Null |
| Date of Death | Datetime | DDMMYYYY | Conditional | Valid date |
| Employment Status | Numeric | N | Mandatory | 1 – Child not at school 2 – Student 3 – Employed 4 – Unemployed 5 – Home duties 6 – Retired 7 – Pensioner 8 – Other |
| Family Name | String | X[X(49)] | Mandatory | Alpha characters only |
| First Given Name | String | X[X(49)] | Conditional | Alpha characters only |
| Interpreter Required | Numeric | N | Mandatory | 1 – Yes 2 – No 9 – Not stated/inadequately described |
| Marital Status | Numeric | N | Mandatory | 1 – Never Married 2 – Widowed 3 – Divorced 4 – Separated 5 – Married 6 – Unknown |
| Preferred Language | Numeric | N[NNN] | Mandatory | As per the Australian Standard Classification of Languages 2016 (ASCL 2016) |

| Label | Data Type | Format | Requirement | Permitted Values |
|---------------------|-----------|-----------|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Religion | Numeric | N[NNN] | Optional | As per the Australian Standard Classification of Religious Groups 2016 (ASCRG 2016) |
| Residential Address | String | X[X(254)] | Mandatory | Alphanumeric combination |
| Second Given Name | String | X[X(49)] | Conditional | Alpha characters only |
| Sex | Numeric | N | Mandatory | 1 – Male 2 – Female 3 – Another term 9 – Not stated/inadequately described |
| State or Territory | String | AA[A] | Mandatory | NSW – New South Wales VIC – Victoria QLD – Queensland SA – South Australia WA – Western Australia TAS – Tasmania NT – Northern Territory ACT – Australian Capital Territory AAT – Australian Antarctic Territory |
| Suburb | String | X[X(254)] | Mandatory | Valid Australian suburb |
| UMRN | String | X[X(9)] | Conditional | Alphanumeric combination |

Appendix C – Inpatient services

| Data Element | Data Type | Format | Requirement | Permitted Values |
|-----------------------------|-----------|---------------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Admission Date and Time | Datetime | YYYY-MM-DD HH:MM:SS | Conditional | Valid date and time |
| Care Type | Numeric | NN | Mandatory | 21 – Acute care 22 – Rehabilitation care 23 – Palliative care 24 – Psychogeriatric care 25 – Maintenance care 26 – Newborn 27 – Organ procurement 28 – Boarder 29 – Geriatric evaluation and management 32 – Mental health care 33 – Mental health rehabilitation |
| Contact Program Identifier | Numeric | N[N(19)] | Conditional | Unique numeric identifier |
| Discharge Date and Time | Datetime | YYYY-MM-DD HH:MM:SS | Conditional | Valid date and time |
| Episode End Date and Time | Datetime | YYYY-MM-DD HH:MM:SS | Conditional | Valid date and time |
| Episode Start Date and Time | Datetime | YYYY-MM-DD HH:MM:SS | Conditional | Valid date and time |
| Establishment Code | Numeric | NNNN | Conditional | Valid establishment code |
| Establishment Name | String | X[X(149)] | Conditional | Valid establishment name |
| Leave Days | Numeric | N(4) | N/A | Whole number |
| Leave End Date and Time | Datetime | YYYY-MM-DD HH:MM:SS | Conditional | Valid date and time |
| Leave Start Date and Time | Datetime | YYYY-MM-DD HH:MM:SS | Conditional | Valid date and time |

| Data Element | Data Type | Format | Requirement | Permitted Values |
|---------------------------------|-----------|---------------------|-------------|----------------------------|
| Length of Stay | Numeric | N(4) | N/A | Whole number |
| Planned Admission Date and Time | Datetime | YYYY-MM-DD HH:MM:SS | Optional | Valid date and time |
| Planned Discharge Date and Time | Datetime | YYYY-MM-DD HH:MM:SS | Optional | Valid date and time |
| Reception Date and Time | Datetime | YYYY-MM-DD HH:MM:SS | Optional | Valid date and time |
| Visit End Date and Time | Datetime | YYYY-MM-DD HH:MM:SS | Conditional | Valid date and time |
| Visit Number | Numeric | N(20) | Conditional | Unique numeric identifier |
| Visit Start Date and Time | Datetime | YYYY-MM-DD HH:MM:SS | Conditional | Valid date and time |
| Ward on Admission | String | X[X(59)] | Conditional | Valid ward name descriptor |
| Ward on Discharge | String | X[X(59)] | Conditional | Valid ward name descriptor |

Appendix D – Referrals

| Label | Data Type | Format | Requirement | Permitted Values |
|----------------------------------|-----------|------------------------|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Action Date and Time | Datetime | YYYY-MM-DD HH:MM:SS | Mandatory | Valid date and time |
| Activation Date and Time | Datetime | YYYY-MM-DD HH:MM:SS | Conditional | Valid date and time |
| Allocated to Clinician HE Number | String | X[X(9)] | Conditional | Valid HE number |
| Allocated to Clinician Name | String | X[X(149)] | Conditional | Alphanumeric combination |
| Allocated to Team | Numeric | N[N(7)] | Conditional | Valid numeric team code |
| Referral Date and Time | Datetime | YYYY-MM-DD HH:MM:SS | Conditional | Valid date and time |
| Referral Identifier | Numeric | N(8) | Conditional | Unique numeric identifier |
| Referral Medium | Numeric | N(2) | Conditional | 1 – Email 2 – Fax 3 – Letter 4 – Phone 5 – Self presented 6 – Triage 7 – Brought by police 8 – Brought in by community nurses 9 – Other 10 – Electronic referral |
| Referral Outcome | Numeric | N | Conditional | 1 – Admitted to service 2 – Referred to other service |

| Label | Data Type | Format | Requirement | Permitted Values |
|-----------------------------|-----------|--------|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | | 3 – No further action 4 – No further action, already active 5 – Did not engage/attend appointment 6 – Information only 7 – Admitted via PAS 8 – Client declined Null – Not specified |
| Referral Presenting Problem | Numeric | N(2) | Conditional | 1 – Relationship/family problem 2 – Social interpersonal (other than family problem) 3 – Problems coping with daily roles and activities 4 – School problems 5 – Physical problems 6 – Existing mental illness - exacerbation 7 – Existing mental illness - contact/information only 8 – Existing mental illness - alteration in medication or treatment regime 9 – Depressed mood 10 – Grief/loss issues 11 – Anxious 12 – Elevated mood and/or disinhibited behaviour 13 – Psychotic symptoms 14 – Disturbed thoughts, delusions etc. 15 – Perceptual disturbances |

| Label | Data Type | Format | Requirement | Permitted Values |
|------------------|-----------|--------|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | | 16 – Problematic behaviour 17 – Dementia related behaviours 18 – Risk of harm to self 19 – Risk of harm to others 20 – Alcohol/drugs 21 – Aggressive/threatening behaviour 22 – Legal problems 23 – Eating disorder 24 – Sexual assault 25 – Sexual abuse 26 – Assault victim 27 – Homelessness 28 – Accommodation problems 29 – Information only 30 – Other 31 – Mood disturbance 32 – Adverse drug reaction 33 – Medication 34 – Depot injection 35 – Deliberate self-harm 36 – Suicidal ideation 41 – Cultural issues |
| Referral Purpose | Numeric | N | Conditional | 1 – Seeking assistance/referral 2 – Information Null – Not specified |

| Label | Data Type | Format | Requirement | Permitted Values |
|----------------------|-----------|----------|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Referral Reason | String | [X(500)] | Conditional | Alphanumeric combination |
| Referral Source Name | String | [X(150)] | Conditional | Alphanumeric combination |
| Referral Source Type | Numeric | N(2) | Conditional | 2 – Breach release order 3 – Condition of bail 4 – Court 5 – Family/friend 8 – Internal program 9 – Medical practitioner 12 – Other establishment 13 – Other organisation 16 – Police 17 – Correctional facility 22 – Self 23 – Unknown 24 – Refuge 25 – School 26 – Other professional 27 – External program 28 – Nursing home/hostel 29 – Hospital 30 – Mental health program 31 – Restructure 32 – Police officer 99 – PAS Null – not specified |

| Label | Data Type | Format | Requirement | Permitted Values |
|------------------|-----------|----------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Referral Status | Numeric | N | Conditional | 1 – Pending 2 – In progress 3 – Waitlist 4 – Completed 5 – Sent Null – Not specified |
| Referred On Name | String | [X(130)] | Conditional | Alphanumeric combination |
| Referred On Type | Numeric | N(2) | Conditional | 1 – Hospital (non-psychiatric) 8 – Internal program 9 – Medical practitioner 10 – Community and outpatient MHS 12 – Other establishment 13 – Other organisation 19 – Hospital (psychiatric) 26 – Other professional 27 – External program 29 – Hospital 31 – Restructure Null – Not specified |

Appendix E – Alerts

| Label | Data Type | Format | Requirement | Permitted Values |
|---------------------|-----------|------------|-------------|--------------------------------------------------------------------------------------------------|
| Alert Details | String | [X(500)] | Optional | Alphanumeric combination |
| Alert Duration | Numeric | N(3) | N/A | Whole number |
| Alert Entered By | String | X[X(9)] | Conditional | Valid HE number |
| Alert Expired By | String | X[X(9)] | Conditional | Valid HE number |
| Alert Expiry Date | Datetime | YYYY-MM-DD | Optional | Valid date |
| Alert Identifier | Numeric | N(6) | Conditional | Unique numeric identifier |
| Alert Message | String | X[X(49)] | Conditional | Alphanumeric combination |
| Alert Reviewed By | String | X[X(9)] | Conditional | Valid HE number |
| Alert Reviewed Date | Datetime | YYYY-MM-DD | Conditional | Valid date |
| Alert Start Date | Datetime | YYYY-MM-DD | Conditional | Valid date |
| Alert Type | Numeric | N | Conditional | 1 – Behavioural 2 – Forensic 3 – Medical 4 – Microbiological 5 – Other 6 – Social |

Appendix F – Incidents

| Label | Data Type | Format | Requirement | Permitted Values |
|--------------------------|-----------|------------------------|-------------|-------------------------------------------------------------------------------------------------|
| Incident Alert | Numeric | N | Conditional | 0 – No 1 – Yes |
| Incident Duration | Numeric | N(3) | N/A | Whole number |
| Incident End Date | Datetime | YYYY-MM-DD | Optional | Valid date and time |
| Incident Location | Numeric | N(4) | Conditional | Valid location code |
| Incident Notes | String | [X(500)] | Optional | Alphanumeric combination |
| Incident Recurrence Risk | Numeric | N | Optional | 6 – 1 Rare 7 – 2 Unlikely 8 – 3 Possible 9 – 4 Likely 10 – 5 Very likely |
| Incident Severity | Numeric | N | Conditional | 4 – 1 Insignificant 1 – 2 Minor 2 – 3 Moderate 5 – 4 Major 7 – 5 Catastrophic |
| Incident Start Date | Datetime | YYYY-MM-DD HH:MM:SS | Conditional | Valid date and time |
| Incident Type | Numeric | N(2) | Conditional | 1 – Absconding 2 – Assault of other person 3 – Assault of patient 4 – Assault of staff |

| Label | Data Type | Format | Requirement | Permitted Values |
|---------------------|-----------|--------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | | 5 – Attempted suicide 6 – Damage to property 7 – Forensic – attempted escape 8 – Forensic – hostage 9 – Forensic – riot 10 – Illegal activity 11 – Medication incident 12 – Other 13 – Patient injured 14 – Seclusion 15 – Self harm 16 – Serious medical incident 17 – Sexual assault 18 – Substance abuse 19 – Verbal abuse – others 20 – Verbal abuse – patients 21 – Verbal abuse – staff 22 – Seclusion with restraint 23 – Restraint 24 – Fall 25 – Apprehension of baby 26 – Removal of baby |
| Record Blocked Flag | String | X | Optional | Y – Yes Null – No |

Appendix G – Community mental health and service contacts

| Label | Data Type | Format | Requirement | Permitted Values |
|-----------------------------|-----------|------------------------|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Actioned By | String | X[X(9)] | Mandatory | Valid HE number or 'webPAS' |
| Additional Diagnosis | String | [ANN.NNNN] | Conditional | As per ICD-10-AM |
| Associate Present Indicator | Numeric | N | Mandatory | 0 – Not present 1 – Present |
| Case Manager | String | X[X(9)] | Conditional | Valid HE number |
| Client Present Indicator | String | X | Mandatory | 0 – Not present 1 – Present |
| Deactivation Date and time | Datetime | YYYY-MM-DD HH:MM:SS | Conditional | Valid date and time |
| Deactivation Outcome | Numeric | N[N(2)] | Conditional | 1 – Discharge/transfer to hospital 2 – Discharge to home 3 – Program transfer 15 – Restructure 16 – Police MH 101 – Treatment has been completed 102 – Client has moved to another area 103 – Referred to other service 104 – Other 105 – Client stopped coming/did not attend 106 – Deceased 107 – One off assessment Null |

| Label | Data Type | Format | Requirement | Permitted Values |
|------------------------------------|-----------|------------------------|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Deactivation Status | Numeric | N | Conditional | 1 – Community treatment order 2 – Discharged outright 3 – Received not admitted 4 – Discharge conditional 5 – S46 Transfer to authorised hospital 6 – Restructure Null |
| Occasion of Service | String | X | Mandatory | Y – Yes N – No C – Conditional |
| Organisation | Numeric | N(4) | Mandatory | Valid establishment code |
| Planned Deactivation Date and Time | Datetime | YYYY-MM-DD HH:MM:SS | Optional | Valid date and time |
| Principal Diagnosis | String | [ANN.NNNN] | Conditional | As per ICD-10-AM |
| Program | Numeric | N(4) | Mandatory | Valid program identifier |
| Record Status | String | X | N/A | H – Historical L – Latest |
| Service Contact Count | Numeric | N | N/A | 0 – No 1 – Yes |
| Service Contact Duration | Numeric | N(3) | N/A | Whole number |
| Service Contact End Date and Time | Datetime | YYYY-MM-DD HH:MM:SS | Mandatory | Valid date and time |
| Service Contact Medium | Numeric | N(2) | Mandatory | 5 – Face to face |

| Label | Data Type | Format | Requirement | Permitted Values |
|----------------------------------------|-----------|------------------------|-------------|-----------------------------------------------------------------------------------------------------------|
| | | | | 6 – By phone 7 – By video link 8 – Not applicable 9 – Email 10 – Other electronic |
| Service Contact Reportable Indicator | Numeric | N | Mandatory | 0 – Not reportable 1 – Reportable |
| Service Contact Session Type | Numeric | N | Mandatory | 0 – Individual 1 – Group |
| Service Contact Start Date and Time | Datetime | YYYY-MM-DD HH:MM:SS | Mandatory | Valid date and time |
| Service Event Category | Numeric | N | Mandatory | 1 – Triage 2 – Pre-admission 3 – Active 4 – Post discharge 5 – Staff only 6 – Pre-referral |
| Service Event Identifier | Numeric | N(8) | Mandatory | Unique numeric identifier |
| Service Event Item | Numeric | NNN | Mandatory | Valid service event code |
| Service Event Item End Date and Time | Datetime | YYYY-MM-DD HH:MM:SS | Mandatory | Valid date and time |
| Service Event Item Identifier | Numeric | N(8) | Mandatory | Unique numeric identifier |
| Service Event Item Start Date and Time | Datetime | YYYY-MM-DD HH:MM:SS | Mandatory | Valid date and time |

| Label | Data Type | Format | Requirement | Permitted Values |
|-----------------|-----------|-----------|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Staff Full Name | String | X[X(149)] | Mandatory | Alphanumeric combination |
| Staff HE Number | String | X[X(9)] | Mandatory | Valid HE number |
| Staff User ID | Numeric | N(8) | Mandatory | Unique numeric identifier |
| Stream | String | X(150) | Conditional | Valid stream |
| Stream Code | String | N(3) | Conditional | Valid stream code |
| Stream Type | Numeric | N | Conditional | <ul style="list-style-type: none"> 1 – Child and adolescent 2 – Adult 3 – Elderly 4 – PET (Psychiatric Emergency Team) 5 – SARC (Sexual Assault Resource Centre) 6 – Youthlink |
| Venue | Numeric | N(2) | Mandatory | <ul style="list-style-type: none"> 1 – Clinic 2 – Community centre 3 – Court 4 – Education facility 5 – Emergency department 6 – Entertainment venue 7 – General hospital 8 – GP surgery 9 – Group home 10 – Home/private dwelling 11 – Hostel 12 – Inhouse school 13 – Lock up |

| Label | Data Type | Format | Requirement | Permitted Values |
|-------|-----------|--------|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | | 14 – Nursing home 15 – Police station 16 – Prison 17 – Psychiatric hospital 18 – Public space 19 – Rehab centre 20 – Other government organisation 21 – General hospital outpatient clinic 22 – Neonatal intensive care unit |

Appendix H – NOCC and AMHCC clinical measures

| Label | Data Type | Format | Requirement | Permitted Values |
|--------------------------|-----------|---------|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Assessment Scale | Numeric | N[N] | Mandatory | 1 – HoNOSCA 2 – CGAS 3 – FIHS 4 – HoNOS 5 – LSP-16 6 – MHI 7 – HoNOS 65+ 8 – RUG-ADL 9 – KESSLER 10+ 10 – KESSLER 10 11 – SDQ PC1 12 – SDQ PC2 13 – SDQ PY1 14 – SDQ PY2 15 – SDQ YR1 16 – SDQ YR2 17 – SDQ TC1 19 – SDQ TY1 20 – SDQ TY2 21 – NOCC CLEARANCE |
| Assessment Scale Version | String | XX[XXX] | Mandatory | 01 – CGAS 01 – FIHS A1 – HoNOS 01 – HoNOSCA |

| Label | Data Type | Format | Requirement | Permitted Values |
|-------------------------------------------|-----------|--------|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | | G1 – HoNOS 65+ M1 – KESSLER 10+ 01 – LSP–16 01 – RUG–ADL PC101 – SDQ Parent Report Baseline 4-10 years PC201 – SDQ Parent Follow-up 4-10 years PY101 – SDQ Parent Report Baseline 11-17 years PY201 – SDQ Parent Follow-up 11-17 years YR101 – SDQ Self-report Baseline 11-17 years YR201 – SDQ Self-report Follow Up 11-17 years |
| Children’s Global Assessment Scale (CGAS) | String | NNN | Conditional | 091 to 100: Superior functioning 081 to 090: Good functioning in all areas 071 to 080: No more than slight impairments in functioning 061 to 070: Some difficulty in a single area but generally functioning pretty well 051 to 060: Variable functioning with sporadic difficulties or symptoms in several but not all social areas 041 to 050: Moderate degree of interference in functioning in most social areas or severe impairment of functioning in one area 031 to 040: Major impairment of functioning in several areas and unable to function in one of these areas 021 to 030: Unable to function in almost all areas 011 to 020: Needs considerable supervision 001 to 010: Needs constant supervision 997: Unable to rate 998: Not applicable |

| Label | Data Type | Format | Requirement | Permitted Values |
|--------------------------------|-----------|----------|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Collection Occasion | Numeric | N[N] | Mandatory | 1 – Referral 2 – Activation 3 – Admission (inpatient only) 4 – Review (inpatient only) 5 – Deactivation 6 – Discharge (inpatient only) 7 – Review 8 – Referral (inpatient only) 9 – Reverse deactivation 10 – Reverse discharge (inpatient only) |
| Collection Occasion Date | Datetime | DDMMYYYY | Mandatory | Valid date |
| Collection Occasion Identifier | Numeric | N(8) | Mandatory | Unique numeric identifier |
| Collection Occasion Reason | Numeric | NN | Mandatory | 01 – New referral 02 – Transfer from other treatment setting 03 – Admission - other 04 – 3-month (91 day) review 05 – Review – other 06 – No further care 07 – Transfer to change of treatment setting 08 – Death 09 – Discharge – other |
| Collection Status | Numeric | N[N] | Mandatory | 1 – Complete 2 – Not completed due to temporary contraindication 4 – Not completed due to general exclusion |

| Label | Data Type | Format | Requirement | Permitted Values |
|---------------------------------------------|-----------|--------|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | | 5 – Not completed due to refusal by the client 7 – Not completed for reasons not elsewhere classified 8 – Not completed due to protocol exclusion 10 – Partially complete 11 – Not completed due to cultural inappropriateness 14 – Offered to client, awaiting response 16 – Dismissed – automatic cleanup 17 – Dismissed – manual program exclusion 18 – Dismissed – manual user request 19 – Dismissed – service split / amalgamation 20 – Dismissed – restructure |
| Episode Identifier | Numeric | N(8) | Mandatory | Unique numeric identifier |
| Episode Service Setting | String | A | Mandatory | I – Psychiatric inpatient service O – Ambulatory mental health service R – Community residential mental health service |
| Factors Influencing Health Status (FIHS) | Numeric | N | Conditional | 1 – Yes 2 – No 7 – Unable to rate 8 – Not applicable 9 – Not stated/inadequately described |
| Health of the Nation Outcome Scales (HoNOS) | Numeric | N | Conditional | 0 – No problems within the period stated 1 – Minor problem requiring no action 2 – Mild problem but definitely present 3 – Moderately severe problem 4 – Severe to very severe problem |

| Label | Data Type | Format | Requirement | Permitted Values |
|-----------------------------------------------------|-----------|--------|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | | 7 – Not stated/missing 9 – Not known or not applicable |
| Health of the Nation Outcome Scales 65+ (HoNOS 65+) | Numeric | N | Conditional | 0 – No problems within the period stated 1 – Minor problem requiring no action 2 – Mild problem but definitely present 3 – Moderately severe problem 4 – Severe to very severe problem 7 – Not stated/missing 9 – Not known or not applicable |
| HoNOS for Children and Adolescents (HoNOSCA) | Numeric | N | Conditional | 0 – No problems within the period stated 1 – Minor problem requiring no action 2 – Mild problem but definitely present 3 – Moderately severe problem 4 – Severe to very severe problem 7 – Not stated/missing 9 – Not known or not applicable |
| Kessler (K10+) Score | Numeric | N | Conditional | 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 6 – Don't know |
| Life Skills Profile Score (LSP-16) | Numeric | N | Conditional | 0 – Score of 0 1 – Score of 1 2 – Score of 2 |

| Label | Data Type | Format | Requirement | Permitted Values |
|---------------------------|-----------|------------------------|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | | 3 – Score of 3 7 – Unable to rate 8 – Not applicable 9 – Not stated/missing |
| Phase End Date and Time | Datetime | YYYY-MM-DD HH:MM:SS | Conditional | Valid date and time |
| Phase of Care | Numeric | N | Conditional | 1 – Acute 2 – Functional gain 3 – Intensive extended 4 – Consolidating gain 5 – Assessment only 9 – Not reported |
| Phase Start Date and Time | Datetime | YYYY-MM-DD HH:MM:SS | Conditional | Valid date and time |
| RUG-ADL Score | Numeric | N | Conditional | <i>Scoring scale for bed mobility, toileting and transfers:</i> 1 – Independent or supervision only 3 – Limited physical assistance 4 – Other than two person’s physical assist 5 – Two or more person’s physical assist 7 – Unable to rate 8 – Not applicable <i>Scoring scale for eating:</i> 1 – Independent or supervision only 2 – Limited assistance 3 – Extensive assistance/total dependence/tube fed |

| Label | Data Type | Format | Requirement | Permitted Values |
|------------------------------------------------------|-----------|--------|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | | 7 – Unable to rate 8 – Not applicable |
| Strengths and Difficulties Questionnaire (SDQ) Score | Numeric | N | Conditional | <i>Item1 – item25</i> 0 – Not true 1 – Somewhat true 2 – Certainly true 7 – Unable to rate 8 – Not applicable <i>Item26</i> 0 – No 1 – Yes - minor difficulties 2 – Yes - definite difficulties 3 – Yes - severe difficulties 7 – Unable to rate 8 – Not applicable <i>Item27</i> 0 – Less than a month 1 – 1-5 months 2 – 6-12 months 3 – Over a year 7 – Unable to rate 8 – Not applicable <i>Item28 – item33, item35</i> 0 – Not at all 1 – A little |

| Label | Data Type | Format | Requirement | Permitted Values |
|-------|-----------|--------|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | | 2 – A medium amount 3 – A great deal 7 – Unable to rate 8 – Not applicable <i>Item34</i> 0 – Much worse 1 – A bit worse 2 – About the same 3 – A bit better 4 – Much better 7 – Unable to rate 8 – Not applicable <i>Item36 – item42</i> 0 – No 1 – A little 2 – A lot 7 – Unable to rate 8 – Not applicable |

Appendix I – Legal orders

| Label | Data Type | Format | Requirement | Permitted Values |
|-------------------------------------|-----------|------------------------|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Admitted Voluntary Indicator | Numeric | N | Conditional | 0 – No 1 – Yes |
| Ancestor Identifier | Numeric | [N(20)] | Conditional | Whole number |
| Assessment Date and Time | Datetime | YYYY-MM-DD HH:MM:SS | Mandatory | Valid date and time |
| Authorised By | String | X[X(9)] | Conditional | Valid HE number |
| Authorised By Name | String | X(150) | Conditional | Alphanumeric combination |
| AV Exam | Numeric | N | Mandatory | 0 – Not applicable/relevant 1 – Not completed by AV 2 – Completed by AV, not subsequent face-to-face 3 – Completed by AV, and subsequent face-to-face |
| CLMIAA Status | Numeric | N | Mandatory | 0 – No known CLMIAA status 1 – Subject of CLMIAA custody order 2 – Subject of CLMIAA hospital order |
| CTO Appointment Date and Time | Datetime | YYYY-MM-DD HH:MM:SS | Mandatory | Valid date and time |
| Expiry Date | Datetime | YYYY-MM-DD | Mandatory | Valid date |
| Legal Order Effective Date and Time | Datetime | YYYY-MM-DD HH:MM:SS | Mandatory | Valid date and time |
| Legal Episode Identifier | Numeric | [N(20)] | Mandatory | Unique numeric identifier |

| Label | Data Type | Format | Requirement | Permitted Values |
|--------------------------------|-----------|------------------------|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Made By | String | X[X(9)] | Mandatory | Valid HE number |
| Made By Name | String | X(150) | Mandatory | Alphanumeric combination |
| Made By Qualification | String | [X(255)] | Conditional | Alphanumeric combination |
| Made By Qualification Type | Numeric | N | Conditional | 1 – Medical practitioner 2 – Authorised mental health practitioner 3 – Psychiatrist 4 – Mental health practitioner |
| No Referral Determined By | String | X[X(9)] | Mandatory | Valid HE number |
| No Referral Determined By Name | String | X(150) | Mandatory | Alphanumeric combination |
| Order Changed By | String | X[X(9)] | Conditional | Valid HE number |
| Order Changed Reason | Numeric | N | Conditional | 1 – Transcription error 2 – Content error 3 – Process error 4 – Additional information added 5 – Change in location 6 – Change in circumstance 7 – MHT alteration 8 – OCP alteration |
| Order Duration | Numeric | N(3) | N/A | Whole number |
| Order End Date and Time | Datetime | YYYY-MM-DD HH:MM:SS | Mandatory | Valid date and time |
| Order Identifier | Numeric | [N(20)] | Mandatory | Unique numeric identifier |

| Label | Data Type | Format | Requirement | Permitted Values |
|-------------------------------------|-----------|------------------------|-------------|---------------------------------------------------------------------------------------------------------------------------|
| Order Name | String | X(150) | Mandatory | Valid legal order name |
| Order Name Code | String | N(2) | Mandatory | Valid legal order name code |
| Order Start Date and Time | Datetime | YYYY-MM-DD HH:MM:SS | Mandatory | Valid date and time |
| Order to Attend Date and Time | Datetime | YYYY-MM-DD HH:MM:SS | Conditional | Valid date and time |
| Order Type | String | A | Mandatory | E – Electronically made order P – Paper transcribed order C – Court/tribunal M – Migrated from legal status lite |
| Parent Identifier | Numeric | [N(20)] | Mandatory | Whole number |
| Previous Expiry Date and Time | Datetime | YYYY-MM-DD HH:MM:SS | Conditional | Valid date and time |
| Received Patient By | String | X[X(9)] | Conditional | Valid HE number |
| Received Patient By Name | String | X(150) | Conditional | Alphanumeric combination |
| Received Patient Date and Time | Datetime | YYYY-MM-DD HH:MM:SS | Conditional | Valid date and time |
| Received Patient Indicator | Numeric | N | Conditional | 0 – Not received 1 – Received |
| Referred From Place | Numeric | N(4) | Conditional | Valid location code |
| Referred From Place Metro Indicator | String | N | Conditional | 0 – Non-metropolitan 1 – Metropolitan |
| Referred From Place Type | Numeric | N | Conditional | 1 – Authorised hospital |

| Label | Data Type | Format | Requirement | Permitted Values |
|-------------------------------------|-----------|------------------------|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | | 2 – General hospital 3 – Other PSOLIS place 4 – Other metro place 5 – Other non-metro place Null – Not specified |
| Referred To Place | Numeric | N(4) | Conditional | Valid location code |
| Referred To Place Metro Indicator | String | N | Conditional | 0 – Non-metropolitan 1 – Metropolitan |
| Referred To Place Type | Numeric | N | Conditional | 1 – Authorised hospital 2 – General hospital 3 – Other PSOLIS place 4 – Other metro place 5 – Other non-metro place Null – Not specified |
| Same Practitioner Indicator | Numeric | N | Conditional | 0 – No 1 – Yes |
| Supervising Psychiatrist | String | X[X(9)] | Conditional | Valid HE number |
| Supervising Psychiatrist Name | String | X(150) | Conditional | Alphanumeric combination |
| Transcribed Order End Date and Time | Datetime | YYYY-MM-DD HH:MM:SS | Conditional | Valid date and time |
| Transport By | Numeric | N | Conditional | 0 – Null 1 – Police officer 2 – Transport officer 3 – Police officer and/or transport officer |

| Label | Data Type | Format | Requirement | Permitted Values |
|--------------------------|-----------|--------|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Transport Police Reason | Numeric | N | Conditional | <p>1 – I am satisfied that there is a significant risk of serious harm to the person being transported or to another person.</p> <p>2 – I am satisfied that a transport officer will not be available to carry out the order within a reasonable time, and any delay in carrying out the order beyond that time is likely to pose a significant risk of harm to the person being transported or to another person.</p> <p>Null – Not specified</p> |
| Transport Reason Satisfy | Numeric | N | Conditional | <p>1 – Referred person needs to be taken to the place for examination by psychiatrist</p> <p>2 – Person needs to be taken to general hospital to be detained under inpatient treatment order</p> <p>3 – Person needs to be taken to authorised hospital for further examination by psychiatrist</p> <p>4 – Involuntary inpatient in general hospital needs to be taken to authorised hospital following a transfer order</p> <p>5 – Involuntary inpatient on leave of absence to obtain medical or surgical treatment at a general hospital to be taken to the general hospital</p> <p>6 – Involuntary inpatient on leave of absence that expires or is cancelled needs to be taken to hospital</p> <p>7 – Involuntary community patient not complying with order to attend needs to be taken to specified place</p> <p>8 – Involuntary community patient needs to be taken to hospital as involuntary inpatient</p> |

| Label | Data Type | Format | Requirement | Permitted Values |
|------------------------------------------|-----------|---------|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | | 9 – Involuntary inpatient in authorised hospital needs to be taken to another authorised hospital following a transfer order Null – Not specified |
| Transport Revoke Reason | Numeric | N | Conditional | 1 – Automatically revoked because a referral has been revoked. 2 – I am satisfied that the transport order is no longer needed. Null – Not specified |
| Treating Practitioner | String | X[X(9)] | Mandatory | Valid HE number |
| Treating Practitioner Name | String | X(150) | Mandatory | Alphanumeric combination |
| Treating Practitioner Qualification Type | Numeric | N | Optional | 1 – Medical practitioner 4 – Mental health practitioner Null – Not specified |

Appendix J – Triage

| Label | Data Type | Format | Requirement | Permitted Values |
|--------------------------|-----------|--------|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Action Taken | Numeric | N(2) | Mandatory | 1 – Referred to Emergency Department 2 – Referred to Inpatient Mental Health Service 3 – Referred to Community Mental Health Service 4 – Referred to Community, Primary Care, NGO etc. 5 – Referred to Intake Meeting 6 – Department of Communities: Child Protection and Family Support notified 7 – Police notified 8 – Ambulance notified 9 – Aboriginal Liaison Officer notified 10 – Interpreter booked |
| Advance Health Directive | Numeric | N | Mandatory | 0 – No 1 – Yes 2 – Unknown |
| AHD on Medical Record | Numeric | N | Conditional | 0 – No 1 – Yes 2 – Unknown |
| AHD to be Provided | Numeric | N | Conditional | 0 – No 1 – Yes 2 – Unknown |
| Associate Present | Numeric | N | Mandatory | 0 – No 1 – Yes |
| Carer Agreeable | Numeric | N | Conditional | 0 – No |

| Label | Data Type | Format | Requirement | Permitted Values |
|-------------------------|-----------|----------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | | 1 – Yes 2 – Unknown |
| Carer Aware | Numeric | N | Conditional | 0 – No 1 – Yes 2 – Unknown |
| Consumer Agreeable | Numeric | N | Mandatory | 0 – No 1 – Yes 2 – Unknown |
| Consumer Aware | Numeric | N | Mandatory | 0 – No 1 – Yes 2 – Unknown |
| Consumer Present | Numeric | N | Mandatory | 0 – No 1 – Yes |
| Contact With | Numeric | N | Mandatory | 1 – Primary carer 2 – Family member 3 – Nominated person 4 – Personal support person 5 – General practitioner 6 – Referrer 7 – Other |
| Designation | String | X[X(49)] | Mandatory | Alphanumeric combination |
| Guardianship Act Status | Numeric | N | Mandatory | 0 – No 1 – Yes |

| Label | Data Type | Format | Requirement | Permitted Values |
|---------------------------------|-----------|---------------------|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Mental Health Act Status | Numeric | N | Mandatory | 0 – No 1 – Yes |
| Triage End Date | Datetime | YYYY-MM-DD HH:MM | Mandatory | Valid date and time |
| Triage Identifier | Numeric | N(8) | Mandatory | Unique numeric identifier |
| Triage Outcome | Numeric | N | Mandatory | 1 – To be admitted to service 2 – Referred on 3 – No further action 4 – Information only 5 – Placed to waitlist 6 – Community visit initiated 8 – Referred to clinical intake 9 – Unable to complete |
| Triage Presenting Problem | Numeric | N(4) | Mandatory | Valid triage problem code |
| Triage Referral Indicator | Numeric | N | Mandatory | 0 – No 1 – Yes |
| Triage Referral Purpose | Numeric | N | Mandatory | 0 – Seeking assistance/referral 1 – Information 2 – Assessment 3 – GP phone advice 4 – GP liaison |
| Triage Referral Reason | String | X[X(49)] | Conditional | Alphanumeric combination |
| Triage Service Event Identifier | Numeric | N(8) | Mandatory | Unique numeric identifier |

| Label | Data Type | Format | Requirement | Permitted Values |
|----------------------|-----------|---------------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Triage Start Date | Datetime | YYYY-MM-DD HH:MM | Mandatory | Valid date and time |
| Triage Urgency | Numeric | N(2) | Mandatory | 9 – A. Immediate 10 – B. Within 2 hours 11 – C. Within 12 hours 12 – D. Within 48 hours 13 – E. Within 2 weeks 14 – F. Requires further triage contact/follow up 15 – G. No further action |
| Triaged By HE Number | String | X[X(9)] | Mandatory | Valid HE number |

Appendix K – Risk assessment and management plan

| Label | Data Type | Format | Requirement | Permitted Values |
|------------------------------------------|-----------|---------------------|-------------|----------------------------------|
| RAMP Assessment Date | Datetime | YYYY-MM-DD HH:MM | Mandatory | Valid date and time |
| RAMP Assessor HE Number | String | X[X(9)] | Mandatory | Valid HE number |
| RAMP Consulted Date | Datetime | YYYY-MM-DD HH:MM | Conditional | Valid date and time |
| RAMP Consulted With HE Number | String | X[X(9)] | Conditional | Valid HE number |
| RAMP Identifier | Numeric | N(8) | Mandatory | Unique numeric identifier |
| RAMP Next Due | Datetime | YYYY-MM-DD HH:MM | Optional | Valid date and time |
| General Risk Factors – Background | | | | |
| Major Psychiatric Illness | Numeric | N | Mandatory | 0 – No 1 – Yes 2 – Unknown |
| Diagnosed Personality Disorder | Numeric | N | Mandatory | 0 – No 1 – Yes 2 – Unknown |
| Significant Alcohol / Drug Use History | Numeric | N | Mandatory | 0 – No 1 – Yes 2 – Unknown |
| Serious Medical Condition | Numeric | N | Mandatory | 0 – No 1 – Yes |

| Label | Data Type | Format | Requirement | Permitted Values |
|-------------------------------------------------|-----------|---------|-------------|----------------------------------|
| | | | | 2 – Unknown |
| Intellectual Disability / Cognitive Deficits | Numeric | N | Mandatory | 0 – No 1 – Yes 2 – Unknown |
| Significant Behavioural Disorder | Numeric | N | Mandatory | 0 – No 1 – Yes 2 – Unknown |
| Childhood Abuse / Maladjustment | Numeric | N | Mandatory | 0 – No 1 – Yes 2 – Unknown |
| General Risk Factors – Background Other | String | [X(50)] | Optional | Alphanumeric combination |
| General Risk Factors – Current | | | | |
| Disorientation or Disorganisation | Numeric | N | Mandatory | 0 – No 1 – Yes 2 – Unknown |
| Disinhibition / Intrusive / Impulsive Behaviour | Numeric | N | Mandatory | 0 – No 1 – Yes 2 – Unknown |
| Current Intoxication / Withdrawal | Numeric | N | Mandatory | 0 – No 1 – Yes 2 – Unknown |
| Significant Physical Pain | Numeric | N | Mandatory | 0 – No |

| Label | Data Type | Format | Requirement | Permitted Values |
|-------------------------------------------------|-----------|----------|-------------|----------------------------------|
| | | | | 1 – Yes 2 – Unknown |
| Emotional Distress / Agitation | Numeric | N | Mandatory | 0 – No 1 – Yes 2 – Unknown |
| General Risk Factors – Current Other | String | X[X(49)] | Optional | Alphanumeric combination |
| General Risk Factors Comments | String | [X(500)] | Optional | Alphanumeric combination |
| <i>Suicide Risk Factors – Background</i> | | | | |
| Previous Suicide Attempts | Numeric | N | Mandatory | 0 – No 1 – Yes 2 – Unknown |
| History of Self Harm | Numeric | N | Mandatory | 0 – No 1 – Yes 2 – Unknown |
| Family History of Suicide | Numeric | N | Mandatory | 0 – No 1 – Yes 2 – Unknown |
| Separated / Widowed / Divorced | Numeric | N | Mandatory | 0 – No 1 – Yes 2 – Unknown |
| Isolation / Lack of Support / Supervision | Numeric | N | Mandatory | 0 – No 1 – Yes |

| Label | Data Type | Format | Requirement | Permitted Values |
|----------------------------------------------|-----------|---------|-------------|----------------------------------|
| | | | | 2 – Unknown |
| Suicide Risk Factors – Background Other | String | [X(50)] | Optional | Alphanumeric combination |
| <i>Suicide Risk Factors – Current</i> | | | | |
| Recent Significant Life Events | Numeric | N | Mandatory | 0 – No 1 – Yes 2 – Unknown |
| Hopelessness / Despair | Numeric | N | Mandatory | 0 – No 1 – Yes 2 – Unknown |
| Expressing High Levels of Distress | Numeric | N | Mandatory | 0 – No 1 – Yes 2 – Unknown |
| Expressing Suicidal Ideas | Numeric | N | Mandatory | 0 – No 1 – Yes 2 – Unknown |
| Self-harming Behaviour | Numeric | N | Mandatory | 0 – No 1 – Yes 2 – Unknown |
| Current Plan / Intent | Numeric | N | Mandatory | 0 – No 1 – Yes 2 – Unknown |
| Access to Means | Numeric | N | Mandatory | 0 – No |

| Label | Data Type | Format | Requirement | Permitted Values |
|---------------------------------------------------------------|-----------|----------|-------------|----------------------------------|
| | | | | 1 – Yes 2 – Unknown |
| Suicide Risk Factors – Current Other | String | [X(50)] | Optional | Alphanumeric combination |
| Suicide Risk Factors Comments | String | [X(500)] | Optional | Alphanumeric combination |
| <i>Violence / Aggression Risk Factors – Background</i> | | | | |
| Previous Incidents of Violence | Numeric | N | Mandatory | 0 – No 1 – Yes 2 – Unknown |
| Previous Use of Weapons | Numeric | N | Mandatory | 0 – No 1 – Yes 2 – Unknown |
| Forensic History | Numeric | N | Mandatory | 0 – No 1 – Yes 2 – Unknown |
| Previous Dangerous / Violent Ideation | Numeric | N | Mandatory | 0 – No 1 – Yes 2 – Unknown |
| History of Predatory Behaviour | Numeric | N | Mandatory | 0 – No 1 – Yes 2 – Unknown |
| Violence / Aggression Risk Factors – Background Other | String | [X(50)] | Optional | Alphanumeric combination |
| <i>Violence / Aggression Risk Factors – Current</i> | | | | |

| Label | Data Type | Format | Requirement | Permitted Values |
|--------------------------------------|-----------|--------|-------------|----------------------------------|
| Recent / Current Violence | Numeric | N | Mandatory | 0 – No 1 – Yes 2 – Unknown |
| Command Hallucinations | Numeric | N | Mandatory | 0 – No 1 – Yes 2 – Unknown |
| Violence Restraining Order | Numeric | N | Mandatory | 0 – No 1 – Yes 2 – Unknown |
| Paranoid Ideation About Others | Numeric | N | Mandatory | 0 – No 1 – Yes 2 – Unknown |
| Expressing Intent to Harm Others | Numeric | N | Mandatory | 0 – No 1 – Yes 2 – Unknown |
| Anger, Frustration or Agitation | Numeric | N | Mandatory | 0 – No 1 – Yes 2 – Unknown |
| Reduced Ability to Control Behaviour | Numeric | N | Mandatory | 0 – No 1 – Yes 2 – Unknown |
| Access to Available Means | Numeric | N | Mandatory | 0 – No 1 – Yes |

| Label | Data Type | Format | Requirement | Permitted Values |
|----------------------------------------------------|-----------|----------|-------------|----------------------------------|
| | | | | 2 – Unknown |
| Contact with Vulnerable Person/s | Numeric | N | Mandatory | 0 – No 1 – Yes 2 – Unknown |
| Violence / Aggression Risk Factors – Current Other | String | [X(50)] | Optional | Alphanumeric combination |
| Violence / Aggression Risk Factors Comments | String | [X(500)] | Optional | Alphanumeric combination |
| Family and Domestic Violence Risk Factors | | | | |
| Afraid of Somebody | Numeric | N | Mandatory | 0 – No 1 – Yes |
| Threat to Hurt | Numeric | N | Mandatory | 0 – No 1 – Yes |
| Worried of Safety | Numeric | N | Mandatory | 0 – No 1 – Yes |
| Requires Help | Numeric | N | Mandatory | 0 – No 1 – Yes |
| Other Risk Factors – Background | | | | |
| History of Absconding | Numeric | N | Mandatory | 0 – No 1 – Yes 2 – Unknown |
| History of Physical / Sexual Victimization | Numeric | N | Mandatory | 0 – No 1 – Yes |

| Label | Data Type | Format | Requirement | Permitted Values |
|---------------------------------------------------|-----------|--------|-------------|----------------------------------|
| | | | | 2 – Unknown |
| History of Financial Vulnerability | Numeric | N | Mandatory | 0 – No 1 – Yes 2 – Unknown |
| History of Falls or Other Accidents | Numeric | N | Mandatory | 0 – No 1 – Yes 2 – Unknown |
| History of Harm to Children or Dependants | Numeric | N | Mandatory | 0 – No 1 – Yes 2 – Unknown |
| History of Exploitation | Numeric | N | Mandatory | 0 – No 1 – Yes 2 – Unknown |
| History of Neglect of a Serious Medical Condition | Numeric | N | Mandatory | 0 – No 1 – Yes 2 – Unknown |
| History of Non-adherence | Numeric | N | Mandatory | 0 – No 1 – Yes 2 – Unknown |
| History of Family and Domestic Violence | Numeric | N | Mandatory | 0 – No 1 – Yes 2 – Unknown |
| History of Risk of Homelessness | Numeric | N | Mandatory | 0 – No |

| Label | Data Type | Format | Requirement | Permitted Values |
|-----------------------------------------------|-----------|---------|-------------|----------------------------------|
| | | | | 1 – Yes 2 – Unknown |
| History of No Fixed Permanent Address | Numeric | N | Mandatory | 0 – No 1 – Yes 2 – Unknown |
| Other Risk Factors – Background Other | String | [X(50)] | Optional | Alphanumeric combination |
| <i>Other Risk Factors – Current</i> | | | | |
| Desire / Intent to Leave Hospital | Numeric | N | Mandatory | 0 – No 1 – Yes 2 – Unknown |
| Vulnerability to Sexual Exploitation / Abuse | Numeric | N | Mandatory | 0 – No 1 – Yes 2 – Unknown |
| Current Delusional Beliefs | Numeric | N | Mandatory | 0 – No 1 – Yes 2 – Unknown |
| Physical Illness | Numeric | N | Mandatory | 0 – No 1 – Yes 2 – Unknown |
| Parental / Carer Status or Access to Children | Numeric | N | Mandatory | 0 – No 1 – Yes 2 – Unknown |

| Label | Data Type | Format | Requirement | Permitted Values |
|-----------------------------------------------|-----------|----------|-------------|----------------------------------|
| Self-neglect, Poor Self Care | Numeric | N | Mandatory | 0 – No 1 – Yes 2 – Unknown |
| Non-adherence to Medications / Treatment | Numeric | N | Mandatory | 0 – No 1 – Yes 2 – Unknown |
| Impaired Cognition / Judgement / Self-control | Numeric | N | Mandatory | 0 – No 1 – Yes 2 – Unknown |
| Family and Domestic Violence | Numeric | N | Mandatory | 0 – No 1 – Yes 2 – Unknown |
| Risk of Homelessness | Numeric | N | Mandatory | 0 – No 1 – Yes 2 – Unknown |
| No Fixed Permanent Address | Numeric | N | Mandatory | 0 – No 1 – Yes 2 – Unknown |
| Driving | Numeric | N | Mandatory | 0 – No 1 – Yes 2 – Unknown |
| Other Risk Factors – Current Other | String | [X(50)] | Optional | Alphanumeric combination |
| Other Risk Factors Comments | String | [X(500)] | Optional | Alphanumeric combination |

| Label | Data Type | Format | Requirement | Permitted Values |
|------------------------------|-----------|-----------|-------------|--------------------------|
| Overview / Impression | | | | |
| Risk Highly Changeable | Numeric | N | Mandatory | 0 – No 1 – Yes |
| Uncertainty of Risk | Numeric | N | Mandatory | 0 – No 1 – Yes |
| Uncertainty of Risk Comments | String | [X(500)] | Optional | Alphanumeric combination |
| Protective Factors | String | [X(500)] | Optional | Alphanumeric combination |
| Overall Assessment of Risk | String | [X(500)] | Mandatory | Alphanumeric combination |
| Overall Comments | String | [X(500)] | Optional | Alphanumeric combination |
| Risk Management Plan | String | [X(4000)] | Mandatory | Alphanumeric combination |
| Sources of Information | String | [X(4000)] | Mandatory | Alphanumeric combination |

Appendix L – Child and adolescent risk assessment and management plan

| Label | Data Type | Format | Requirement | Permitted Values |
|----------------------------------------------|-----------|---------------------|-------------|-----------------------------------------|
| Consulted With Outcome | String | [X(500)] | Optional | Alphanumeric combination |
| CRAMP Additional Information | String | [X(500)] | Optional | Alphanumeric combination |
| CRAMP Assessment Date | Datetime | YYYY-MM-DD HH:MM | Mandatory | Valid date and time |
| CRAMP Assessor HE Number | String | X[X(9)] | Mandatory | Valid HE number |
| CRAMP Consulted Date | Datetime | YYYY-MM-DD HH:MM | Optional | Valid date and time |
| CRAMP Consulted With HE Number | String | X[X(9)] | Conditional | Valid HE number |
| CRAMP Identifier | Numeric | N(8) | Mandatory | Unique numeric identifier |
| CRAMP Next Due | Datetime | YYYY-MM-DD HH:MM | Optional | Valid date and time |
| CRAMP Sent to Referrer / GP | Numeric | N | Mandatory | 0 – No 1 – Yes 2 – Not Applicable |
| Current Medications / Conditions / Allergies | String | [X(500)] | Optional | Alphanumeric combination |
| Next Appointment Date | Datetime | YYYY-MM-DD HH:MM | Optional | Valid date and time |
| Other Notified | Numeric | N | Mandatory | 0 – No 1 – Yes 2 – Not Applicable |

| Label | Data Type | Format | Requirement | Permitted Values |
|----------------------------|-----------|---------------------|-------------|---------------------------------------------------------------------------------------------------------------------------------------|
| Other Notified Date | Datetime | YYYY-MM-DD HH:MM | Conditional | Valid date and time |
| Protective Factors | String | [X(500)] | Optional | Alphanumeric combination |
| PSOLIS Alert | Numeric | N | Mandatory | 0 – No 1 – Yes 2 – Not Applicable |
| PSOLIS Alert Date | Datetime | YYYY-MM-DD HH:MM | Conditional | Valid date and time |
| Referrer Notified | Numeric | N | Mandatory | 0 – No 1 – Yes 2 – Not Applicable |
| Referrer Notified Date | Datetime | YYYY-MM-DD HH:MM | Conditional | Valid date and time |
| School Notified | Numeric | N | Mandatory | 0 – No 1 – Yes 2 – Not Applicable |
| School Notified Date | Datetime | YYYY-MM-DD HH:MM | Conditional | Valid date and time |
| <i>Type of Risk</i> | | | | |
| A. Risk of Suicide | Numeric | N | Mandatory | 0 – nil suicidal ideation 1 – fleeting suicidal ideation 2 – ongoing suicidal ideation 3 – ongoing ideation, plan and intent |

| Label | Data Type | Format | Requirement | Permitted Values |
|------------------------------------------------|-----------|----------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | | 4 – ongoing ideation, plan, intent and a recent history of attempts |
| A. Clinical Evidence | String | X[X(49)] | Mandatory | Alphanumeric combination |
| A. PSOLIS Alert | Numeric | N | Mandatory | 0 – No 1 – Yes |
| B. Risk of Other Deliberate Self-Harm | Numeric | N | Mandatory | 0 – nil ideas of self-harm 1 – fleeting self-harm ideation 2 – ongoing self-harm ideation 3 – ongoing self-harm ideation, plan and intent 4 – ongoing ideation, plan, intent and a recent history of self-harm |
| B. Clinical Evidence | String | X[X(49)] | Mandatory | Alphanumeric combination |
| B. PSOLIS Alert | Numeric | N | Mandatory | 0 – No 1 – Yes |
| C. Risk of Self-Neglect / Accidental Self-Harm | Numeric | N | Mandatory | 0 – nil evidence of above risk 1 – nil evidence or risk, may be at risk if untreated 2 – recent evidence of self-neglect or accidental self-harm 3 – ongoing evidence of self-neglect or accidental self-harm 4 – as per 3 with major impact on client's physical and mental health |
| C. Clinical Evidence | String | X[X(49)] | Mandatory | Alphanumeric combination |
| C. PSOLIS Alert | Numeric | N | Mandatory | 0 – No 1 – Yes |

| Label | Data Type | Format | Requirement | Permitted Values |
|----------------------------------------------------------|-----------|----------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| D. Risk of Violence / Harm to Others | Numeric | N | Mandatory | 0 – nil ideas of harm to others 1 – fleeting ideation to harm others 2 – ongoing ideation 3 – ongoing ideation, plan and intent 4 – ongoing ideation, plan and intent and a recent history of violence |
| D. Clinical Evidence | String | X[X(49)] | Mandatory | Alphanumeric combination |
| D. PSOLIS Alert | Numeric | N | Mandatory | 0 – No 1 – Yes |
| E. Risk of Vulnerability / Harm from Caregivers | Numeric | N | Mandatory | 0 – nil evidence of above risk 1 – nil evidence or risk, may be at risk if untreated 2 – recent evidence of vulnerability / harm from caregivers 3 – ongoing evidence of vulnerability / harm from caregivers 4 – as per 3 with major impact on client’s physical and mental health |
| E. Involve Protective Services | Numeric | N | Optional | 0 – No 1 – Yes |
| E. Clinical Evidence | String | X[X(49)] | Mandatory | Alphanumeric combination |
| E. PSOLIS Alert | Numeric | N | Mandatory | 0 – No 1 – Yes |
| F. Risk of Absconding / Non-compliance With Intervention | Numeric | N | Mandatory | 0 – nil evidence of above risk 1 – ambivalent, however willing to accept treatment |

| Label | Data Type | Format | Requirement | Permitted Values |
|--------------------------------------|-----------|----------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | | 2 – nil insight, however reluctantly accepts treatment 3 – nil insight, refusing treatment 4 – nil insight, with plans and intent to abscond |
| F. Clinical Evidence | String | X[X(49)] | Mandatory | Alphanumeric combination |
| F. PSOLIS Alert | Numeric | N | Mandatory | 0 – No 1 – Yes |
| G. Risk of Impulsivity and Agitation | Numeric | N | Mandatory | 0 – nil evidence of above risk 1 – mildly distressed, aware of symptoms and able to control impulsiveness 2 – moderately distressed, limited capacity to control impulsiveness 3 – acutely distressed, limited capacity to control impulsiveness 4 – extremely disturbed, limited capacity to control impulsiveness |
| G. Clinical Evidence | String | X[X(49)] | Mandatory | Alphanumeric combination |
| G. PSOLIS Alert | Numeric | N | Mandatory | 0 – No 1 – Yes |
| H. Influence of Drugs and Alcohol | Numeric | N | Mandatory | 0 – nil evidence of above risk 1 – denies recent use, has a history of use 2 – currently intoxicated, however alert, orientated and nil behavioural disturbance 3 – currently intoxicated, however alert, orientated and with moderate behavioural disturbance (loud / irritable) 4 – as above with extreme behavioural disturbance |

| Label | Data Type | Format | Requirement | Permitted Values |
|----------------------------------------------------|-----------|----------|-------------|--------------------------|
| H. Clinical Evidence | String | X[X(49)] | Mandatory | Alphanumeric combination |
| H. PSOLIS Alert | Numeric | N | Mandatory | 0 – No 1 – Yes |
| <i>Risk Factors – Risk to Self / Others</i> | | | | |
| Ideation Harm to Self | Numeric | N | Mandatory | 0 – No 1 – Yes |
| Ideation Harm to Others | Numeric | N | Mandatory | 0 – No 1 – Yes |
| Recent Episodes – Self-harm | Numeric | N | Mandatory | 0 – No 1 – Yes |
| Recent Episodes – Harm to Others | Numeric | N | Mandatory | 0 – No 1 – Yes |
| Intent to Self-harm | Numeric | N | Mandatory | 0 – No 1 – Yes |
| Intent to Harm Others | Numeric | N | Mandatory | 0 – No 1 – Yes |
| Access to Means of Self-harm and Lethality | Numeric | N | Mandatory | 0 – No 1 – Yes |
| Plans for Safety Lack Feasibility | Numeric | N | Mandatory | 0 – No 1 – Yes |
| Past History of Suicide / Self-harm | Numeric | N | Mandatory | 0 – No 1 – Yes |

| Label | Data Type | Format | Requirement | Permitted Values |
|--------------------------------------------|-----------|--------|-------------|-------------------|
| Psychiatric History / Current Diagnosis | Numeric | N | Mandatory | 0 – No 1 – Yes |
| Hopelessness | Numeric | N | Mandatory | 0 – No 1 – Yes |
| Relationship Breakdown or Rejection | Numeric | N | Mandatory | 0 – No 1 – Yes |
| Placement / Accommodation Instability | Numeric | N | Mandatory | 0 – No 1 – Yes |
| Lack of Alternative Support | Numeric | N | Mandatory | 0 – No 1 – Yes |
| Friend or Family Member Suicided | Numeric | N | Mandatory | 0 – No 1 – Yes |
| Upcoming Events / Anniversary | Numeric | N | Mandatory | 0 – No 1 – Yes |
| Current Suicide Ideation | Numeric | N | Mandatory | 0 – No 1 – Yes |
| Current Intent – Suicide | Numeric | N | Mandatory | 0 – No 1 – Yes |
| Disengagement from School / Work | Numeric | N | Mandatory | 0 – No 1 – Yes |
| Stressors that are Likely to Increase Risk | Numeric | N | Mandatory | 0 – No 1 – Yes |

| Label | Data Type | Format | Requirement | Permitted Values |
|----------------------------------------|-----------|--------|-------------|-------------------|
| Currently Psychotic | Numeric | N | Mandatory | 0 – No 1 – Yes |
| Currently Agitated | Numeric | N | Mandatory | 0 – No 1 – Yes |
| History of Violence Victim | Numeric | N | Mandatory | 0 – No 1 – Yes |
| History of Violence Perpetrator | Numeric | N | Mandatory | 0 – No 1 – Yes |
| Impulse / Self-control | Numeric | N | Mandatory | 0 – No 1 – Yes |
| Sexualised Behaviour | Numeric | N | Mandatory | 0 – No 1 – Yes |
| Current Use of Drugs / Alcohol | Numeric | N | Mandatory | 0 – No 1 – Yes |
| Lack of Insight | Numeric | N | Mandatory | 0 – No 1 – Yes |
| Negative Attitudes to Support Services | Numeric | N | Mandatory | 0 – No 1 – Yes |
| Vulnerability in Terms of Personality | Numeric | N | Mandatory | 0 – No 1 – Yes |
| Displaying Antisocial Behaviour | Numeric | N | Mandatory | 0 – No 1 – Yes |

| Label | Data Type | Format | Requirement | Permitted Values |
|-------------------------------------------------------|-----------|--------|-------------|-------------------|
| Non-compliance or Non-engagement with Treatment | Numeric | N | Mandatory | 0 – No 1 – Yes |
| Non-compliance or Non-engagement with Safety Planning | Numeric | N | Mandatory | 0 – No 1 – Yes |
| History of Family and Domestic Violence Victim | Numeric | N | Mandatory | 0 – No 1 – Yes |
| History of Family and Domestic Violence Perpetrator | Numeric | N | Mandatory | 0 – No 1 – Yes |

Appendix M – Summary of revisions

| Date Released | Author | Approval | Amendment |
|---------------|-------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 July 2021 | David Oats | Rob Anderson, Assistant Director General, Purchasing and System Performance | Document created. |
| 1 July 2022 | David Oats | Rob Anderson, Assistant Director General, Purchasing and System Performance | <p>Dates updated.</p> <p>New SSCD data elements added: Triage (Appendix J) Risk Assessment and Management Plan (Appendix K) Child and Adolescent Risk Assessment and Management Plan (Appendix L).</p> <p>Previously omitted data elements included: Length of Stay Alert Duration Incident Duration Expiry Date Order Duration.</p> <p>Corrected errors in data elements: AV Exam Leave Days Incident Recurrence Risk Incident Severity.</p> |
| 1 July 2023 | David Oats | Rob Anderson, Assistant Director General, Purchasing and System Performance | <p>Dates updated.</p> <p>New SSCD data elements added: Mental Health Assessment (Appendix M).</p> <p>Moved Episode Start Date and Time and Episode End Date and Time data elements from Community Mental Health and Service Contacts section to Inpatient Services section.</p> <p>Previously omitted data elements included: Phase Start Date and Time Phase End Date and Time.</p> <p>Changed IHPA references to IHACPA and updated website links.</p> |
| 1 July 2024 | Jodie McNamara & Jenine Piper | Rob Anderson, Assistant Director General, Purchasing and System Performance | <p>Dates updated.</p> <p>New care type added: 33 – Mental health rehabilitation (Appendix C).</p> |

| | | | |
|--|--|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | <p>Removed redundant permitted values for data element Collection Status (Appendix H).</p> <p>Updated permitted values in data elements in Appendix H – NOCC AMHCC Clinical Measures to reflect data capture options in PSOLIS and align with national data specifications.</p> <p>Removed Mental Health Assessment section (previously Appendix M) as data not yet available in Collection.</p> |
|--|--|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Produced by:
Information and Performance Governance
Information and System Performance Directorate
Purchasing and System Performance Division
The Department of Health Western Australia

Ref: F-AA-74148
Mandatory Policy: MP 0164/21

This document can be made available in alternative formats on request for a person with disability

© Department of Health, State of Western Australia (2024).

Copyright to this material is vested in the State of Western Australia unless otherwise indicated. Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the provisions of the *Copyright Act 1968*, no part may be reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia.