



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

# Mental Health Data Collection

## Data Specifications

July 2021

No Longer Applicable.  
Superseded on 1 July 2022.

**Important Disclaimer:**

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## Abbreviations

AMHCC	Australian Mental Health Care Classification
ASCRG	Australian Standard Classification of Religious Groups
CGAS	Children's Global Assessment Scale
CMHI	Central Mental Health Identifier
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
IHPA	Independent Hospital Pricing Authority
K10 / K10-L3D / K10+LM	Kessler Psychological Distress Scale
LSP	Life Skills Profile
MH	Mental health
MHDC	Mental Health Data Collection
MHPoC	Mental Health Phase of Care
NOCC	National Outcomes and Casemix Collection
PSOLIS	Psychiatric Services On-line Information System
RUG-ADL	Resource Utilisation Groups - Activities of Daily Living
SACC	Standard Australian Classification of Countries 2016
SDQ	Strengths and Difficulties Questionnaire
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 6) 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

## 7. Data quality and validation correction process

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

- relevance
- accuracy
- timeliness
- coherence
- interpretability

Data validation and error 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 timeframes as communicated by the Department. Where errors/corrections cannot be resolved via the front end of PSOLIS, Health Support Services in consultation with Health Service Providers are responsible for correcting/completing data.

Some examples of data quality validations may include:

- Patient demographics
- Reporting of blank or incorrect values
- Availability of sufficient information to enable reporting to the Independent Hospital 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
Contracted Health Entity	As per section 6 of the <i>Health Services Act 2016</i> , a non-government entity that provides health services under a contract or other agreement entered into with the Department Chief Executive Officer on behalf of the State, a Health Service Provider or the Minister
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.
Information Management Policy Framework	The Information Management Policy Framework specifies the information management requirements that all Health Service Providers must comply with in order to ensure effective and consistent management of health personal and business information across the WA health system.
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	Pursuant to section 19(1) of the <i>Health Services Act 2016</i> , means the Department of Health, Health Service Providers, and to the extent that Contracted Health Entities provide health services to the State, the Contracted Health Entities.
WA health system entities	<ul style="list-style-type: none"> <li>All Health Service Providers as established by an order made under section 32(1)(b) of the <i>Health Services Act 2016</i></li> <li>The Department of Health as an administrative division of the State of Western Australia pursuant to section 35 of the <i>Public Sector Management Act 1994</i>.</li> </ul>

Term	Definition
	Note: Contracted Health Entities are not considered WA health system entities.

## 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 1.0](#)

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

[Mental Health Care Data Set Specifications](#)

[Mental Health Phase of Care Guide](#)

[National Outcomes Casemix Collection Technical Specifications](#)

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

**No Longer Applicable.  
Superseded on 1 July 2022.**

## 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](mailto: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 Null
Date of Death	Datetime	DDMMYYYY	Conditional	Valid date
Employment Status	Numeric	N	Mandatory	1 – Child not at school 2 – Employed 3 – Home duties 4 – Other 5 – Pensioner 6 – Retired 7 – Student

Label	Data Type	Format	Requirement	Permitted Values
				8 – Unemployed
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 – Divorced 2 – Married 3 – Never married 4 – Not stated/inadequately described 5 – Separated 6 – Widowed
Preferred Language	Numeric	N[NNN]	Mandatory	As per the Australian Standard Classification of Languages 2016 (ASCL 2016)
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 – Intersex or indeterminate 9 – Not stated/inadequately described
State or Territory	String	X[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
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
Establishment Code	Numeric	NNNN	Conditional	<a href="#">Valid establishment code</a>
Establishment Name	String	X[X(149)]	Conditional	<a href="#">Valid establishment name</a>
Leave Days	Numeric	N[NNN]	N/A	Whole numbers
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
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(1)	Conditional	1 – Admitted to service 2 – Referred to other service 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)

Label	Data Type	Format	Requirement	Permitted Values
				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 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

No Longer Applicable.  
Superseded on 1 July 2022.

Label	Data Type	Format	Requirement	Permitted Values
				35 – Deliberate self harm 36 – Suicidal ideation 41 – Cultural issues
Referral Purpose	Numeric	N	Conditional	1 – Seeking assistance/referral 2 – Information Null – Not specified
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
Referral Status	Numeric	N	Conditional	1 – Pending 2 – In progress 3 – Waitlist 4 – Completed

Label	Data Type	Format	Requirement	Permitted Values
				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
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 Service Event Identifier	Numeric	N(8)	Mandatory	Unique numeric identifier
Triage Severity	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

## Appendix E – Alerts

Label	Data Type	Format	Requirement	Permitted Values
Alert Details	String	[X(500)]	Optional	Alphanumeric combination
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

No Longer Applicable  
Superseded on 1 July 2022

## Appendix F – Incidents

Label	Data Type	Format	Requirement	Permitted Values
Incident Alert	Numeric	N	Conditional	0 – No 1 – Yes
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	1 – Rare 2 – Unlikely 3 – Possible 4 – Likely 5 – Very likely
Incident Severity	Numeric	N	Conditional	1 – Insignificant 2 – Minor 3 – Moderate 4 – Major 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 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

Label	Data Type	Format	Requirement	Permitted Values
				17 – Sexual assault 18 – Substance abuse 19 – Verbal abuse – others 20 – Verbal abuse – parents 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 Nur – No

No Longer Applicable.  
Superseded on 1 July 2022.

## 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
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
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

Label	Data Type	Format	Requirement	Permitted Values
Occasion of Service	String	X	Mandatory	Y – Yes N – No C – Conditional
Organisation	Numeric	N(4)	Mandatory	<a href="#">Valid establishment code</a>
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 Medium	Numeric	N(2)	Mandatory	5 – Face to face 6 – By phone 7 – By videolink 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 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

Label	Data Type	Format	Requirement	Permitted Values
Service Event Item Start Date and Time	Datetime	YYYY-MM-DD HH:MM:SS	Mandatory	Valid date and time
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	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	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 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 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

Label	Data Type	Format	Requirement	Permitted Values
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 999: Not stated/missing
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

Label	Data Type	Format	Requirement	Permitted Values
				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 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 12 – Previous outcome measure is clinically relevant and accepted 13 – Completed within last 7 days at different stream 14 – Offered to client, awaiting response 15 – Follow-up SDQ version used 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 8 – Unknown 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
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

Label	Data Type	Format	Requirement	Permitted Values
				2 – Mild problem but definitely present 3 – Moderately severe problem 4 – Severe to very severe problem
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
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
Life Skills Profile Score (LSP-16)	Numeric	N	Conditional	0 – Score of 0 1 – Score of 1 2 – Score of 2 3 – Score of 3 7 – Unable to rate 9 – Not stated/missing
Phase of Care	Numeric	N	Conditional	1 – Acute 2 – Functional gain 3 – Intensive extended 4 – Consolidating gain 5 – Assessment only 9 – Not reported
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 persons physical assist 5 – Two or more persons physical assist <i>Scoring scale for eating:</i> 1 – Independent or supervision only 2 – Limited assistance 3 – Extensive assistance/total dependence/tube fed
Strengths and Difficulties Questionnaire (SDQ) Score	Numeric	N	Conditional	<i>Item1 – item25</i> 0 – Not true

Label	Data Type	Format	Requirement	Permitted Values
				1 – Somewhat true 2 – Certainly true <i>Item26</i> 0 – No 1 – Yes - minor difficulties 2 – Yes - definite difficulties 3 – Yes - severe difficulties <i>Item27</i> 0 – Less than a month 1 – 1-5 months 2 – 6-12 months 3 – Over a year <i>Item28 – item33, item35</i> 0 – Not at all 1 – A little 2 – A medium amount 3 – A great deal <i>Item34</i> 0 – Much worse 1 – A bit worse 2 – About the same 3 – A bit better 4 – Much better <i>Item36 – item42</i> 0 – No 1 – A little 2 – A lot

No Longer Applicable.  
Superseded on 1 July 2022.

## 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 – No 1 – Yes
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
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
Made By	String	X[X(9)]	Mandatory	Valid HE number
Made By Name	String	X(150)	Mandatory	Alphanumeric combination
Made By Qualification	String	X[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

Label	Data Type	Format	Requirement	Permitted Values
				6 – Change in circumstance 7 – MHT alteration 8 – OCP alteration
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
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[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 2 – General hospital 3 – Other PSOLIS place 4 – Other metro place 5 – Other non-metro place Null – Not specified

Label	Data Type	Format	Requirement	Permitted Values
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 PSO/LIS 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
Transport Police Reason	Numeric	N	Conditional	1 – I am satisfied that there is a significant risk of serious harm to the person being transported or to another person. 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. Null – Not specified
Transport Reason Satisfy	Numeric	N	Conditional	1 – Referred person needs to be taken to the place for examination by psychiatrist 2 – Person needs to be taken to general hospital to be detained under inpatient treatment order 3 – Person needs to be taken to authorised hospital for further examination by psychiatrist

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

## Appendix J – Summary of revisions

Version	Date Released	Author	Approval	Amendment
1.0	1 July 2021	David Oats	Rob Anderson, Assistant Director General, Purchasing and System Performance	Document created.

No Longer Applicable.  
Superseded on 1 July 2022.

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