



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

# **Mental Health Data Collection**

## Data Dictionary

**July 2023**

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<b>Links to:</b>	Information Management Policy Framework <a href="https://ww2.health.wa.gov.au/About-us/Policy-frameworks/Information-Management">https://ww2.health.wa.gov.au/About-us/Policy-frameworks/Information-Management</a>

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## Abbreviations

ACT	Australian Capital Territory
AIHW	Australian Institute of Health and Welfare
AMHCC	Australian Mental Health Care Classification
ASSIST	Alcohol, Smoking and Substance Involvement Screening Tool
AV	Audiovisual
bHCG	Beta-Human Chorionic Gonadotropin
BSL	Blood Sugar Level
BSRS	BedState Reporting System
CEO	Chief Executive Officer
CGAS	Children's Global Assessment Scale
CLMIAA	<i>Criminal Law Mentally Impaired Accused Act 1996</i>
CMHI	Central Mental Health Identifier
CRP	C-reactive Protein
CT	Computed tomography
CTO	Community Treatment Order
CXR	Chest X-Ray
FBC	Full Blood Count
FIHS	Factors Influencing Health Status
HbA1c	Haemoglobin A1c
HE	Health Employee
HIAT	Health Information Audit Team
HMDC	Hospital Morbidity Data Collection
HMDS	Hospital Morbidity Data System
HoNOS	Health of the Nation Outcome Scales
HoNOSCA	Health of the Nation Outcome Scales for Children and Adolescents
ISPD	Information and System Performance Directorate
K10 / K10-L3D / K10+LM	Kessler Psychological Distress Scale
LFT	Liver Function Test
LSP	Life Skills Profile
MCS	Microscopy, Culture and Sensitivity
MHA	Mental Health Assessment
MHDC	Mental Health Data Collection
MHPoC	Mental Health Phase of Care

MIND	Mental Health Information Data Collection
MRI	Magnetic Resonance Imaging
NOCC	National Outcomes and Casemix Collection
NT	Northern Territory
PSOLIS	Psychiatric Services On-line Information System
QA	Quality Assurance
RUG-ADL	Resource Utilisation Groups – Activities of Daily Living
SDQ	Strengths and Difficulties Questionnaire
SSCD	State-wide Standardised Clinical Documentation
TFT	Thyroid Function Test
UEC	Urea Electrolytes and Creatinine
UMRN	Unit Medical Record Number
WA	Western Australia

## 1. Purpose

The purpose of the *Mental Health Data Collection Data Dictionary* is to detail the data elements captured in the Mental Health Data Collection (MHDC).

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

This data dictionary is to be read in conjunction with this policy and other Related Documents and Supporting Information as follows:

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

## 2. Background

The use of mental health data by the Department of Health is dependent on high quality data that is valid, accurate and consistent.

## 3. Recording of data

Data that is submitted to the MHDC must be recorded in accordance with the data definitions outlined in the following sections:

- Section 4: Client demographics
- Section 5: Inpatient services
- Section 6: Referrals
- Section 7: Alerts
- Section 8: Incidents
- Section 9: Community mental health and service contacts
- Section 10: NOCC and AMHCC clinical measures
- Section 11: Legal orders
- Section 12: Triage
- Section 13: Risk assessment and management plan
- Section 14: Child and adolescent risk assessment and management plan
- Section 15: Mental health assessment



## 4. Client demographics

The following section provides specific information about the client demographics data elements captured in the MHDC, including definitions, permitted values, guide for use, rules and operational examples.

All information relating to data elements in this data dictionary is specific to the MHDC, and caution should be taken if these data elements are compared with those of other data collections.

Where relevant, related national definitions have been referenced. The Department of Health Western Australia acknowledges the assistance of the Australian Institute of Health and Welfare (AIHW) for services provided in relation to METeOR, Australia's repository for national metadata standards for the health, community services, early childhood, homelessness and housing assistance sectors, which is owned by the AIHW.

## Aboriginal Status

<b>Field name:</b>	pt_ethnicity_code
<b>Source data element(s):</b>	[Aboriginal Status] – PSOLIS
<b>Definition:</b>	Whether a person identifies as being of Aboriginal or Torres Strait Islander origin.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	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

### Guide for use

Collection of this data element is mandatory.

Within WA, the term Aboriginal is generally used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal peoples are the original inhabitants of WA.

Aboriginal status is critical to health data collections throughout Australia. Historically there have been significant data quality issues with the collection of aboriginality resulting in unreliable measures of activity.

#### Permitted value definitions

*1 – Aboriginal but not Torres Strait Islander origin*

A person of Aboriginal descent who identifies as an Australian Aboriginal.

*2 – Torres Strait Islander but not Aboriginal origin*

A person of Torres Strait Island descent who identifies as Torres Strait Islander.

*3 – Both Aboriginal and Torres Strait Islander origin*

A person who identifies as both an Australian Aboriginal and Torres Strait Islander.

*4 – Neither Aboriginal nor Torres Strait Islander origin*

A person who does not identify as either an Australian Aboriginal, Torres Strait Islander, or both. Generally, a person who identifies under this category is considered non-indigenous. Persons of other ethnicities such as Caucasian, Afro-American, Polynesian, Asian or Indian must be recorded with a code of 4.

*9 – Not stated/inadequately described*

This is only to be recorded where the answer cannot be determined without clarification from the respondent; or the answer was declined; or the question was not able to be asked because the client was unable to communicate or a person who knows the client was not available.

There are three components to this definition: descent, self-identification and community acceptance. All three should be satisfied for a client to be Aboriginal. However, it is not usually possible to collect proof of descent or community acceptance in health care settings. If a client identifies as Aboriginal, assign the most appropriate code (1-3).

The following question must be asked of all clients:

*"Are you (or your family member) of Aboriginal or Torres Strait Islander origin?"*

In circumstances where it is impossible to ask the client directly, such as in the case of death or lack of consciousness, the question should be asked of a close relative or friend if available to do so.

Only the most current Aboriginal status is to be recorded.

## Examples

	Aboriginal Status
A client native to another country (not Australia) has a service contact with the community mental health service. The client is neither an Aboriginal nor Torres Strait Islander.	4 (Neither Aboriginal nor Torres Strait Islander origin)
An Aboriginal client was transferred from Kununurra and gave his place of birth as Torres Strait. (Note: It is important to clarify whether the client wants both heritages recorded).	3 (Both Aboriginal and Torres Strait Islander origin)
If the above client does not wish to have both heritages recorded, assign the heritage as provided (Aboriginal but not Torres Strait Islander).	1 (Aboriginal but not Torres Strait Islander origin)

## Related national definition

<https://meteor.aihw.gov.au/content/602543>

## Revision history

N/A

## Age of Client

<b>Field name:</b>	pt_age
<b>Source data element(s):</b>	[Age of Client] – PSOLIS
<b>Definition:</b>	The age of the client in (completed) years.
<b>Requirement status:</b>	N/A
<b>Data type:</b>	Numeric
<b>Format:</b>	N[NN]
<b>Permitted values:</b>	Whole number from 0 to 130

## Guide for use

This data element is a derived measure using the client's date of birth and the creation date of the client record in PSOLIS.

Age is a core data element in a wide range of social, health and demographic statistics. It is used in the analyses of service use by age group and can be used as an assistance eligibility criterion.

## Examples

	Age of Client
A client with a birthdate of 1 January 2005 is activated on 10 May 2021	16
A client activated on 25 July 2021 thinks he was born in 1950	71

## Related national definition

<https://meteor.aihw.gov.au/content/303794>

## Revision history

N/A

## Age on Activation

<b>Field name:</b>	pt_age_on_activation
<b>Source data element(s):</b>	[Age on Activation] – PSOLIS
<b>Definition:</b>	The age of the client in (completed) years at the date of activation.
<b>Requirement status:</b>	N/A
<b>Data type:</b>	Numeric
<b>Format:</b>	N[NN]
<b>Permitted values:</b>	Whole number from 0 to 130

## Guide for use

This data element is a derived measure using the client's date of birth and the date of activation.

Age is a core data element in a wide range of social, health and demographic statistics. It is used in the analyses of service use by age group and can be used as an assistance eligibility criterion.

## Examples

	Age on Activation
A client with a birthdate of 1 January 2005 is activated on 10 May 2021	16
A client activated on 25 July 2021 thinks he was born in 1950	71

## Related national definition

<https://meteor.aihw.gov.au/content/303794>

## Revision history

N/A

## Age on Alert

<b>Field name:</b>	pt_age_on_alert
<b>Source data element(s):</b>	[Age on Alert] – PSOLIS
<b>Definition:</b>	The age of the client in (completed) years at the date of alert.
<b>Requirement status:</b>	N/A
<b>Data type:</b>	Numeric
<b>Format:</b>	N[NN]
<b>Permitted values:</b>	Whole number from 0 to 130

## Guide for use

This data element is a derived measure using the client's date of birth and the date the alert was created.

Age is a core data element in a wide range of social, health and demographic statistics. It is used in the analyses of service use by age group and can be used as an assistance eligibility criterion.

## Examples

	Age on Alert
A client with a birthdate of 1 May 2001 has an alert created on 10 June 2021	20
An alert is created on 12 August 2021 for a client thought to be born in 1960	61

## Related national definition

<https://meteor.aihw.gov.au/content/303794>

## Revision history

N/A

## Age on Contact

<b>Field name:</b>	pt_age_on_contact
<b>Source data element(s):</b>	[Age on Contact] – PSOLIS
<b>Definition:</b>	The age of the client in (completed) years at the date of contact.
<b>Requirement status:</b>	N/A
<b>Data type:</b>	Numeric
<b>Format:</b>	N[NN]
<b>Permitted values:</b>	Whole number from 0 to 130

## Guide for use

This data element is a derived measure using the client's date of birth and the date of contact.

Age is a core data element in a wide range of social, health and demographic statistics. It is used in the analyses of service use by age group and can be used as an assistance eligibility criterion.

## Examples

	Age on Contact
A client with a birthdate of 1 January 2005 is contacted on 10 May 2021	16
A client contacted on 25 July 2021 thinks he was born in 1950	71

## Related national definition

<https://meteor.aihw.gov.au/content/303794>

## Revision history

N/A

## Age on Incident

<b>Field name:</b>	pt_age_on_incident
<b>Source data element(s):</b>	[Age on Incident] – PSOLIS
<b>Definition:</b>	The age of the client in (completed) years at the date of incident.
<b>Requirement status:</b>	N/A
<b>Data type:</b>	Numeric
<b>Format:</b>	N[NN]
<b>Permitted values:</b>	Whole number from 0 to 130

## Guide for use

This data element is a derived measure using the client's date of birth and the date of the incident.

Age is a core data element in a wide range of social, health and demographic statistics. It is used in the analyses of service use by age group and can be used as an assistance eligibility criterion.

## Examples

	Age on Incident
A client born on 1 May 2003 has an incident created on 10 June 2021	18
A client with an incident created on 25 July 2021 thinks he was born in 1950	71

## Related national definition

<https://meteor.aihw.gov.au/content/303794>

## Revision history

N/A



## Age on Referral

<b>Field name:</b>	pt_age_on_referral
<b>Source data element(s):</b>	[Age on Referral] – PSOLIS
<b>Definition:</b>	The age of the client in (completed) years at the date of referral.
<b>Requirement status:</b>	N/A
<b>Data type:</b>	Numeric
<b>Format:</b>	N[NN]
<b>Permitted values:</b>	Whole number from 0 to 130

### Guide for use

This data element is a derived measure using the client's date of birth and the date of referral.

Age is a core data element in a wide range of social, health and demographic statistics. It is used in the analyses of service use by age group and can be used as an assistance eligibility criterion.

### Examples

	Age on Referral
A client with a birthdate of 1 January 2005 is referred on 10 May 2021	16
A client referred on 25 July 2021 thinks he was born in 1950	71

### Related national definition

<https://meteor.aihw.gov.au/content/303794>

### Revision history

N/A

## Arrival Year

<b>Field name:</b>	pt_arrival_year
<b>Source data element(s):</b>	[Arrival Year] – PSOLIS
<b>Definition:</b>	The year a client (born outside of Australia) first arrived in Australia, from another country, with the intention of staying in Australia for one year or more.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Datetime
<b>Format:</b>	YYYY
<b>Permitted values:</b>	Valid year greater than 1900

## Guide for use

Collection of this data element is conditional – if a client was born outside of Australia then arrival year is a mandatory data element.

The arrival year is the actual year of arrival in Australia.

For most clients this will be the year of their only arrival in Australia.

Some clients may have multiple arrivals in Australia. In such cases the year of first arrival only must be used.

## Examples

	Arrival Year
A client born in Argentina arrived in Australia in 2007	2007
A client born in England arrived in Australia in 1998 then again in 2002	1998

## Related national definition

<https://meteor.aihw.gov.au/content/269929>

## Revision history

N/A

## Australian Postcode

<b>Field name:</b>	pt_residential_postcode
<b>Source data element(s):</b>	[Australian Postcode] – PSOLIS
<b>Definition:</b>	The Australian numeric descriptor for a postal delivery area for an address. The postcode relates to the patient's area of usual residence.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	NNNN
<b>Permitted values:</b>	Valid Australian postcode

### Guide for use

Collection of this data element is mandatory.

Australian postcode may be used in the analysis of data on a geographical basis.

Australian residential addresses must include a valid postcode.

Where 'no fixed address' has been entered in line one of the address and the suburb has been entered as 'unknown' then postcode 6999 representing WA must be used.

### Examples

	Australian Postcode
A client's address is 188 Fourth Avenue, Mount Lawley, WA 6050	6050
A client has no fixed address	6999

### Related national definition

<https://meteor.aihw.gov.au/content/611398>

### Revision history

N/A

## Australian State or Country of Birth

<b>Field name:</b>	pt_country_of_birth_code
<b>Source data element(s):</b>	[Australian State or Country of Birth] – PSOLIS
<b>Definition:</b>	The Australian state or country in which a person was born, as represented by a code.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	NNNN
<b>Permitted values:</b>	As per the Standard Australian Classification of Countries 2016 (SACC 2016)

### Guide for use

Collection of this data element is mandatory.

This code list is aligned with [Standard Australian Classification of Countries, 2016](#), with additional codes to allow the collection of the Australian state of birth.

If the client is born overseas indicate country of birth, e.g. Italy, Peru, England, or Wales.

If the client is born in an Australian Territory other than the Australian Capital Territory (ACT) or Northern Territory (NT) (e.g. Christmas Island, Cocos (Keeling) Islands), enter code (1199) Australian External Territories, nec.

If the client is born on a ship or aircraft, indicate country of citizenship.

The code Not Stated (0003) should only be used where this information is not available.

'Australia' should only be used when the Australian state of birth is not known for a person born in Australia.

### Examples

Client born:	Country of Birth
In Western Australia	1101
In Australia (not otherwise specified)	1101
In Tokyo	6201
At sea but eligible for Polish citizenship	3307
On Christmas Island	1199

### Related national definition

<https://meteor.aihw.gov.au/content/659454>

### Revision history

N/A

## Client Identifier

<b>Field name:</b>	pt_identifier_raw
<b>Source data element(s):</b>	[Client Identifier] – PSOLIS
<b>Definition:</b>	The PSOLIS unique identifier for each mental health client.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	NNNNNNNNNN
<b>Permitted values:</b>	Unique numeric identifier

## Guide for use

Collection of this data element is mandatory.

This data element is the unique number assigned to each client created in PSOLIS.

The number is identified in PSOLIS as the central mental health identifier (CMHI).

The CMHI is system generated to prevent duplicates.

## Examples

	CMHI
A new client's details are entered in PSOLIS	1068052503

## Related national definition

<https://meteor.aihw.gov.au/content/290046>

## Revision history

N/A

## Country of Residence

<b>Field name:</b>	pt_country_of_residence_code
<b>Source data element(s):</b>	[Country of Residence] – PSOLIS
<b>Definition:</b>	The country in which a person usually resides, as represented by a code.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	NNNN
<b>Permitted values:</b>	As per the Standard Australian Classification of Countries 2016 (SACC 2016)

### Guide for use

Collection of this data element is mandatory.

This data element is aligned with [Standard Australian Classification of Countries, 2016](#).

If the client usually resides overseas indicate country of residence, e.g. Italy, France, England, Scotland, or Wales.

### Examples

Client usually resides:	Country of Residence
In Western Australia	1101
In Australia (not otherwise specified)	1101
In Spain	3108
In Victoria	1101
On Christmas Island	1199

### Related national definition

<https://meteor.aihw.gov.au/content/666397>

### Revision history

N/A

## Date of Birth

<b>Field name:</b>	pt_date_of_birth
<b>Source data element(s):</b>	[Date of Birth] – PSOLIS
<b>Definition:</b>	Date on which a client was born.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Datetime
<b>Format:</b>	DDMMYYYY
<b>Permitted values:</b>	Valid date

## Guide for use

Collection of this data element is mandatory.

Date of Birth is used to derive the age of a person for use in demographic analysis. It also assists in the unique identification of individuals if other identifying information is missing or in question and may be required for the derivation of other metadata items.

It is important to be as accurate as possible when completing the date of birth.

It is recognised that some clients do not know their exact date of birth.

If the date of birth is not known or cannot be obtained, provision must be made to collect or estimate age.

Collected or estimated age would usually be in years for adults, and to the nearest three months (or less) for children aged less than two years.

A date of birth indicator data element must also be reported in conjunction with all estimated dates of birth.

## Examples

	Date of Birth
Client born on 12 <sup>th</sup> June 1980	12061980
Client activated on 15 <sup>th</sup> November 2020 and estimated age is 75 years	01071945
Client activated on 24 <sup>th</sup> September 2018 and estimated age is 30 years	01071988

## Related national definition

<https://meteor.aihw.gov.au/content/287007>

## Revision history

N/A

## Date of Birth Indicator

<b>Field name:</b>	pt_date_of_birth_indicator
<b>Source data element(s):</b>	[Date of Birth Indicator] – PSOLIS
<b>Definition:</b>	An indicator of whether any component of a client's date of birth was estimated.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes Null

### Guide for use

Collection of this data element is conditional – if any part of a client's date of birth represents an estimate rather than the actual or known date then date of birth indicator is a mandatory data element.

The date of birth indicator is reported in conjunction with the date of birth data element.

The 'Estimate' check box must be selected if the date of birth or age is estimated.

### Examples

Client episode activated on 1 June 2015:	Date of Birth	Date of Birth Indicator
Estimated age 50 years	01071965	1 (estimate = yes)

### Related national definition

<https://meteor.aihw.gov.au/content/329314>

### Revision history

N/A



## Date of Death

<b>Field name:</b>	pt_date_of_death
<b>Source data element(s):</b>	[Date of Death] – PSOLIS
<b>Definition:</b>	Client's date of death.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Datetime
<b>Format:</b>	DDMMYYYY
<b>Permitted values:</b>	Valid date

## Guide for use

Collection of this data element is conditional – if the client has died then date of death is a mandatory data element.

## Examples

Client died on:	Date of Death
8 <sup>th</sup> February 2010	08022010

## Related national definition

<https://meteor.aihw.gov.au/content/646025>

## Revision history

N/A

## Employment Status

<b>Field name:</b>	pt_employment_status_code
<b>Source data element(s):</b>	[Employment Status] – PSOLIS
<b>Definition:</b>	The self-reported employment status of a client at the time of the service event.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	1 – Child not at school 2 – Student 3 – Employed 4 – Unemployed 5 – Home duties 6 – Retired 7 – Pensioner 8 – Other

### Guide for use

Collection of this data element is mandatory.

Employment status is a key factor explaining health differentials in the Australian population. The identification of groups of concern requires the recording of indicators of socioeconomic status, with the highest priority indicator being employment status.

### Examples

	Employment Status
A 14-year-old, attending school	2 – Student
A 16-year-old child, not attending school and not employed	4 – Unemployed

### Related national definition

N/A

### Revision history

N/A

## Family Name

<b>Field name:</b>	pt_name_surname
<b>Source data element(s):</b>	[Family Name] – PSOLIS
<b>Definition:</b>	The part of a name a client usually has in common with other members of their family, as distinguished from their given names.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	String
<b>Format:</b>	X[X(49)]
<b>Permitted values:</b>	Alpha characters only

## Guide for use

Collection of this data element is mandatory.

Family name is a 50-character alphabetical field in which dots, dashes, apostrophes and hyphens are allowed.

Family name must be recorded as follows:

- Alias or assumed names must not be included if the legal family name is known.
- The use of parentheses ( ) for alias names in the family name must not be recorded.
- Where the family name is unknown or there is no family name, 'Unknown' must be recorded in the family name field and the other name fields left blank.
- Numeric values are not permitted.

## Examples

	Family Name
A client's full name is John-Paul D'Arcy O'Rourke	O'Rourke
A client seeking a referral refuses to provide his name/s.	Unknown

## Related national definition

<https://meteor.aihw.gov.au/content/286953>

## Revision history

N/A

## First Given Name

<b>Field name:</b>	pt_name_first
<b>Source data element(s):</b>	[First Given Name] – PSOLIS
<b>Definition:</b>	The first given name of the client.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	String
<b>Format:</b>	X[X(49)]
<b>Permitted values:</b>	Alpha characters only

### Guide for use

Collection of this data element is conditional – if the client has a first or given name then this data element is mandatory.

First given name is a 50-character alphabetical field in which dots, dashes, apostrophes and hyphens are allowed.

The first given name, if the client has one, must be recorded as follows:

- Alias or assumed names must not be included if the legal first given name is known.
- The use of parentheses ( ) for alias names in the first given name are not to be recorded.
- Numeric values are not permitted.

### Examples

	First Given Name
A client's full name is John-Paul D'Arcy O'Rourke	John-Paul

### Related national definition

<https://meteor.aihw.gov.au/content/286953>

### Revision history

N/A

## Interpreter Required

<b>Field name:</b>	pt_interpreter_required
<b>Source data element(s):</b>	[Interpreter Required] – PSOLIS
<b>Definition:</b>	Whether an interpreter service is required by or for the client.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	1 – Yes 2 – No 9 – Not stated/inadequately described

### Guide for use

Collection of this data element is mandatory.

Includes verbal language, non-verbal language and languages other than English.

Code 1 (Yes) where interpreter services are required.

Code 2 (No) where interpreter services are not required.

Persons requiring interpreter services for any form of sign language or other forms of non-verbal communication must be coded as 'Yes', interpreter service required.

### Examples

	Interpreter Required
A Spanish-speaking client has difficulty understanding English	1 – Yes
A client has occasional hearing difficulties	1 – Yes

### Related national definition

<https://meteor.aihw.gov.au/content/639616>

### Revision history

N/A

## Marital Status

<b>Field name:</b>	pt_marital_status_code
<b>Source data element(s):</b>	[Marital Status] – PSOLIS
<b>Definition:</b>	The client's current relationship status in terms of a couple relationship or, for those not in a couple relationship, the existence of a current or previous registered marriage, as represented by a code.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	<ul style="list-style-type: none"> <li>1 – Never Married</li> <li>2 – Widowed</li> <li>3 – Divorced</li> <li>4 – Separated</li> <li>5 – Married</li> <li>6 – Unknown</li> </ul>

### Guide for use

Collection of this data element is mandatory.

The category '2 – Married' applies to registered unions and de facto relationships, including same sex couples.

Where a client's marital status has not been specified and the client is a minor (16 years of age or less), assign '3 – Never married' as a default.

### Examples

	Marital Status
A client was in a de facto relationship which has now ended	5 – Separated
A 16-year-old client has had a boyfriend for two years	3 – Never married

### Related national definition

<https://meteor.aihw.gov.au/content/291045>

### Revision history

N/A

## Preferred Language

<b>Field name:</b>	pt_preferred_language_code
<b>Source data element(s):</b>	[Preferred Language] – PSOLIS
<b>Definition:</b>	The language most preferred by the person for communication.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N[NNN]
<b>Permitted values:</b>	As per the Australian Standard Classification of Languages 2016 (ASCL 2016)

## Guide for use

Collection of this data element is mandatory.

A client's preferred language may be a language other than English even where the person can speak fluent English.

This data element is aligned with the Australian Standard Classification of Languages, 2016 (see <https://www.abs.gov.au/ausstats/abs@.nsf/mf/1267.0>).

The client's preferred language code must be selected from this classification.

## Examples

	Preferred Language Code
A client's preferred language is Nyungar	8935
A client's preferred language is Russian	3402
A client's preferred language is Auslan	9701

## Related national definition

<https://meteor.aihw.gov.au/content/659407>

## Revision history

N/A

## Religion

<b>Field name:</b>	pt_religion_code
<b>Source data element(s):</b>	[Religion] – PSOLIS
<b>Definition:</b>	The religious group to which a person belongs or adheres, as represented by a code.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	Numeric
<b>Format:</b>	N[NNN]
<b>Permitted values:</b>	As per the Australian Standard Classification of Religious Groups 2016 (ASCRG 2016)

## Guide for use

It is essential that where this question is asked, it be clearly marked as optional.

This data element is aligned with the Australian Standard Classification of Religious Groups, 2016 (see <https://www.abs.gov.au/ausstats/abs@.nsf/mf/1266.0>).

The client's religion, where stated, must be a code selected from this classification.

## Examples

	Preferred Language Code
A client's religion is Lutheran	2171
A client adheres to an Australian Aboriginal traditional religion	6011
A client has no religion	7101

## Related national definition

<https://meteor.aihw.gov.au/content/493242>

## Revision history

N/A



## Residential Address

<b>Field name:</b>	pt_residential_address
<b>Source data element(s):</b>	[Residential Address] – PSOLIS
<b>Definition:</b>	The house number, street name and street type of the client's place of usual residence.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	String
<b>Format:</b>	X[X(254)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is mandatory.

Every effort must be made to collect the client's actual residential address.

Under activity based funding the client's physical address may play an important role in funding calculations.

The address must be the physical location where the client resides.

A residential address is a house number, street name and street type and must be on the first of two address lines. Suburb must be recorded on another line.

Non-residential addresses for accounts or billing purposes (e.g. PO Boxes) are not acceptable as residential addresses.

Enter only a client's physical location where they reside as the address.

If a client resides in a nursing home, hostel, or community residential facility, the name of the facility must be included as part of the address information.

Where appropriate 'no fixed address' must be entered in line one of the address and the suburb must be entered as 'unknown' with postcode 6999 representing WA.

### Examples

Client address is:	Address Line 1	Address Line 2
Flat 3, 188 Fourth Avenue, Mount Lawley, WA	Flat 3	188 Fourth Avenue
Rose Village, 1144 Ord Street, Bicton, WA	Rose Village	1144 Ord Street

### Related national definition

<https://meteor.aihw.gov.au/content/611149>

### Revision history

N/A

## Second Given Name

<b>Field name:</b>	pt_name_middle
<b>Source data element(s):</b>	[Second Given Name] – PSOLIS
<b>Definition:</b>	The second given name of the client.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	String
<b>Format:</b>	X[X(49)]
<b>Permitted values:</b>	Alpha characters only

### Guide for use

Collection of this data element is conditional – if the client has a second given name then this data element is mandatory.

Second given name is a 50-character alphabetical field in which dots, dashes, apostrophes and hyphens are allowed.

The second given name, if the client has one, must be recorded as follows:

- Alias or assumed names must not be included if the legal second given name is known.
- The use of parentheses ( ) for alias names in the second given name are not to be recorded.
- Numeric values are not permitted.

### Examples

	Second Given Name
A client's full name is John-Paul D'Arcy O'Rourke	D'Arcy

### Related national definition

<https://meteor.aihw.gov.au/content/286953>

### Revision history

N/A

## Sex

<b>Field name:</b>	pt_sex_code
<b>Source data element(s):</b>	[Sex] – PSOLIS
<b>Definition:</b>	A person's sex. Sex is understood in relation to sex characteristics, such as chromosomes, hormones and reproductive organs.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	1 – Male 2 – Female 3 – Another term 9 – Not stated/inadequately described

## Guide for use

Collection of this data element is mandatory.

Sex is often used interchangeably with gender, however they are distinct concepts and it is important to differentiate between them.

When comparing the concepts of sex and gender:

- Sex is understood in relation to sex characteristics.
- Gender is about social and cultural differences in identity, expression and experience.

While they are related concepts, caution should be exercised when comparing counts for sex with those for gender.

Sex is important clinical information and must be collected for all patients. Current practice is to collect sex at the time of presentation to hospital/health service.

To ensure accuracy and consistency of data collection, gender diverse patients must still report their sex. Until an additional gender field becomes available, health service providers may give consideration to their own local processes to recognise a patient's gender where it may not correlate with their recorded sex.

The use of code 3 'Another term' replaces 'Other' and 'Intersex or indeterminate' in previous versions of this code list. This option recognises that there are a range of different terms used.

The interviewer may ask whether clients not present at the interview are male or female.

## Examples

	Sex
A female client is activated into a mental health service	2 (Female)
A client who has undergone a sex change from male to female	2 (Female)
A client undergoing sex reassignment from male to female and reassignment is not yet complete	1 (Male)

## Related national definition

<https://meteor.aihw.gov.au/content/287316>

## Revision history

N/A

## State or Territory

<b>Field name:</b>	pt_residential_state
<b>Source data element(s):</b>	[State or Territory] – PSOLIS
<b>Definition:</b>	The state or territory of usual residence of the client, as represented by a code.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	String
<b>Format:</b>	AA[A]
<b>Permitted values:</b>	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

## Guide for use

Collection of this data element is mandatory.

These Australian state/territory codes are used for addressing purposes only.

The codes are listed in the order commonly used for statistical reporting by the ABS and used in the National Standard for Australian state/territory identifier.

## Examples

	State or Territory
A client's address is 188 Fourth Avenue, Mount Lawley, WA 6050	WA
A client is visiting WA but lives permanently in Hobart, Tasmania	TAS

## Related national definition

<https://meteor.aihw.gov.au/content/430134>

## Revision history

N/A

## Suburb

<b>Field name:</b>	pt_residential_suburb
<b>Source data element(s):</b>	[Suburb] – PSOLIS
<b>Definition:</b>	The name of the locality/suburb of the address, as represented by text.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	String
<b>Format:</b>	X[X(254)]
<b>Permitted values:</b>	Valid Australian suburb

## Guide for use

Collection of this data element is mandatory.

The suburb name may be a town, city, suburb or commonly used location name such as a large agricultural property or Aboriginal community.

This data element may be used to describe the location of a person's physical address. It can be a component of a street or postal address.

## Examples

	Suburb
A client's address is 188 Fourth Avenue, Mount Lawley, WA 6050	Mount Lawley

## Related national definition

<https://meteor.aihw.gov.au/content/429889>

## Revision history

N/A

## Unit Medical Record Number (UMRN)

<b>Field name:</b>	pt_identifier
<b>Source data element(s):</b>	[UMRN] – PSOLIS
<b>Definition:</b>	A unique medical record number, also referred to as Unit Medical Record Number.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	String
<b>Format:</b>	X[X(9)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is conditional – if a referral is created or a client activated then the UMRN is a mandatory data element. Collection of the UMRN is optional for initial contacts.

Alternate names for the UMRN include Unique Medical Record Number (UMRN) or Unit Record Number (URN).

The same UMRN is retained by the program for the mental health client for all service contacts within a particular program.

UMRN can be alphanumeric or numeric up to a maximum of 10 characters.

The year number must not form any part of the UMRN.

### Examples

	UMRN
A client is activated and assigned a UMRN of L2309999	L2309999

### Related national definition

<https://meteor.aihw.gov.au/content/290046>

### Revision history

N/A

## 5. Inpatient services

The following section provides specific information about the inpatient services data elements captured in the MHDC, including definitions, permitted values, guide for use, rules and operational examples.

All information relating to data elements in this data dictionary is specific to the MHDC, and caution should be taken if these data elements are compared with those of other data collections. Where relevant, related national definitions have been referenced.



## Admission Date and Time

<b>Field name:</b>	admission_datetime
<b>Source data element(s):</b>	[Admission Date and Time] – PSOLIS
<b>Definition:</b>	The date and time the patient was admitted to an inpatient mental health program.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Datetime
<b>Format:</b>	YYYY-MM-DD HH:MM:SS
<b>Permitted values:</b>	Valid date and time

## Guide for use

Collection of this data element is conditional – admission date and time must be recorded if the patient is admitted to an inpatient setting.

In the admitted and community residential settings this is the actual or statistical date of admission to the mental health service.

A formal admission is the commencement of the patient’s treatment within a hospital.

The formal admission may commence in a general ward or commence as a direct admission to a mental health ward (program).

A statistical admission is a process that occurs within an episode of care to capture commencement of particular change to the patient’s treatment, i.e. change of care type.

Admission to an inpatient setting does not require that the client be deactivated from a community program.

The admission date visible in PSOLIS reflects the date and time the client was admitted to the mental health ward and must reflect the information entered in webPAS.

The admission date must be prior to the discharge date.

The admission date for ward transfers between mental health programs must reflect the date and time the ward transfer occurred.

## Examples

	Admission Date and Time
A patient is admitted into a mental health ward on 3 May 2021 at 09:05:00.	2021-05-03 09:05:00
A patient's care type changed from acute to mental health on 1 March 2020 at 11.20am.	2020-03-01 11:20:00
A patient is ward transferred in webPAS from MH program 1 to MH program 2 on 15 November 2021 at 3.30pm. The admission to MH program 2 is manually created in PSOLIS with the admission date and time reflecting the date and time of ward transfer.	2021-11-15 15:30:00

## **Related national definition**

<https://meteor.aihw.gov.au/content/730809>

## **Revision history**

N/A

## Care Type

<b>Field name:</b>	care_type_code
<b>Source data element(s):</b>	[Care Type] – PSOLIS
<b>Definition:</b>	The clinical intent and purpose of the treatment being delivered.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	NN
<b>Permitted values:</b>	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

## Guide for use

Collection of this data element is mandatory.

<p><b>Permitted value definitions</b></p> <p><i>21 – Acute care</i></p> <p>Care in which the primary clinical purpose or treatment goal is to:</p> <ul style="list-style-type: none"> <li>• manage labour (obstetric)</li> <li>• cure illness or provide definitive treatment of injury</li> <li>• perform surgery</li> <li>• relieve symptoms of illness or injury (excluding palliative care)</li> <li>• reduce severity of an illness or injury</li> <li>• protect against exacerbation and/or complication of an illness and/or injury which could threaten life or normal function</li> <li>• perform diagnostic or therapeutic procedures.</li> </ul> <p>Acute care excludes care which meets the definition of mental health care.</p> <p><i>22 – Rehabilitation care</i></p>
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Care in which the primary clinical purpose or treatment goal is improvement in the functioning of a patient with an impairment, activity limitation or participation restriction due to a health condition. The patient will be capable of actively participating.

Rehabilitation care is always:

- delivered under the management of or informed by a clinician with specialised expertise in rehabilitation, and
- evidenced by an individualised multidisciplinary management plan, documented in the patient's medical record, that includes negotiated goals within specified time frames and formal assessment of functional ability.

Rehabilitation care excludes care which meets the definition of mental health care.

### *23 – Palliative care*

Care in which the primary clinical purpose or treatment goal is optimisation of the quality of life of a patient with an active and advanced life-limiting illness. The patient will have complex physical, psychosocial and/or spiritual needs.

Palliative care is always:

- delivered under the management of or informed by a clinician with specialised expertise in palliative care, and
- evidenced by an individualised multidisciplinary management plan, documented in the patient's medical record, that covers the physical, psychological, emotional, social and spiritual needs of the patient and negotiated goals.

Palliative care excludes care which meets the definition of mental health care.

### *24 – Psychogeriatric care*

Care in which the primary clinical purpose or treatment goal is improvement in the functional status, behaviour and/or quality of life for an older patient with significant psychiatric or behavioural disturbance, caused by mental illness, an age-related organic brain impairment or a physical condition.

Psychogeriatric care is always:

- delivered under the management of or informed by a clinician with specialised expertise in psychogeriatric care, and
- evidenced by an individualised multidisciplinary management plan, documented in the patient's medical record, that covers the physical, psychological, emotional and social needs of the patient and includes negotiated goals within indicative time frames and formal assessment of functional ability.

Psychogeriatric care is not applicable if the primary focus of care is acute symptom control.

Psychogeriatric care excludes care which meets the definition of mental health care.

### *25 – Maintenance care*

Care in which the primary clinical purpose or treatment goal is support for a patient with impairment, activity limitation or participation restriction due to a health condition. Following assessment or treatment the patient does not require further complex assessment or stabilisation. Patients with a care type of maintenance care often require care over an indefinite period.

Maintenance care excludes care which meets the definition of mental health care.

### *26 – Newborn care*

Initiated when the patient is born in hospital or is nine days old or less at the time of admission, and continues until the care type changes or the patient is separated:

- patients who turn 10 days of age and do not require clinical care are separated and, if they remain in the hospital, are designated as boarders
- patients who turn 10 days of age and require clinical care continue in a newborn episode of care until separated

- patients aged less than 10 days and not admitted at birth (for example, transferred from another hospital) are admitted with a newborn care type
- patients aged greater than 9 days not previously admitted (for example, transferred from another hospital) are either boarders or admitted with an acute care type
- within a newborn episode of care, until the baby turns 10 days of age, each day is either a qualified or unqualified day
- a newborn is qualified when it meets at least one of the criteria detailed in [newborn qualification status](#).

Within a newborn episode of care, each day after the baby turns 10 days of age is counted as a qualified patient day. Newborn qualified days are equivalent to acute days and may be denoted as such.

#### *27 – Organ procurement*

Organ procurement is the procurement of human tissue for the purpose of transplantation from a donor who has been declared brain dead.

Diagnoses and procedures undertaken during this activity, including mechanical ventilation and tissue procurement, should be recorded in accordance with the relevant ICD-10-AM Australian Coding Standards. These patients are not admitted to the hospital but are registered by the hospital.

#### *28 – Boarder*

A boarder is a person who is receiving food and/or accommodation at the hospital but for whom the hospital does not accept responsibility for treatment and/or care.

Boarders are not admitted to the hospital. However, a hospital may register a boarder. Babies in hospital at age 9 days or less cannot be boarders. They are admitted patients with each day of stay deemed to be either qualified or unqualified.

#### *29 – Geriatric evaluation and management*

Care in which the primary clinical purpose or treatment goal is improvement in the functioning of a patient with multi-dimensional needs associated with medical conditions related to ageing, such as tendency to fall, incontinence, reduced mobility and cognitive impairment. The patient may also have complex psychosocial problems.

Geriatric evaluation and management is always:

- delivered under the management of or informed by a clinician with specialised expertise in geriatric evaluation and management, and
- evidenced by an individualised multidisciplinary management plan, documented in the patient's medical record, that covers the physical, psychological, emotional and social needs of the patient and includes negotiated goals within indicative time frames and formal assessment of functional ability.

Geriatric evaluation and management excludes care which meets the definition of mental health care.

#### *32 – Mental health care*

Care in which the primary clinical purpose or treatment goal is improvement in the symptoms and/or psychosocial, environmental and physical functioning related to a patient's mental disorder. Mental health care:

- is delivered under the management of, or regularly informed by, a clinician with specialised expertise in mental health;
- is evidenced by an individualised formal mental health assessment and the implementation of a documented mental health plan; and
- may include significant psychosocial components, including family and carer support.

Care type is assigned by the clinician responsible for the management of the care, based on clinical judgements as to the primary clinical purpose of the care to be provided and, for mental health and subacute care types, the specialised expertise of the clinician who

will be responsible for management of the care.

At the time of mental health or subacute care type assignment, a multidisciplinary management plan may not be in place but the intention to prepare one should be known to the clinician assigning the care type.

Only one type of care can be assigned at a time. When a patient is receiving multiple types of care, the care type that best describes the primary clinical purpose or treatment goal must be assigned.

Where the primary clinical purpose or treatment goal of the patient changes, the care type is assigned by the clinician taking over responsibility for the management of the patient. In some circumstances the patient may continue to be managed by the same clinician.

The care type change must be clearly documented in the patient's medical record.

The clinician responsible for the management of care may not necessarily be located in the same facility as the patient. In these circumstances, a clinician at the patient's location may also have a role in the care of the patient; the expertise of this clinician does not affect the assignment of care type.

The care type must not be retrospectively changed unless it is for the correction of a data recording error or the reason for change is clearly documented in the patient's medical record and it has been approved by the hospital's director of clinical services.

While psychogeriatric care is a subspecialty of mental health, it is an established component of subacute care. Therefore, if a patient meets the definition of psychogeriatric care, then the psychogeriatric care type must be allocated.

Admissions to mental health inpatient programs are determined by classifying the care type as mental health care.

Ambulatory service contacts and episodes of care recorded in PSOLIS are deemed mental health care as the activity by default meets the mental health care type definition.

For the subacute or mental health care types, it is unlikely that more than one change in care type will take place within a 24-hour period. Changes involving subacute or mental health care types are unlikely to occur on the date of formal separation.

Patients who receive intervention(s) (e.g. dialysis, chemotherapy or radiotherapy) during a subacute or non-acute episode of care do not change care type. Instead, procedure codes for the acute same-day intervention(s) and an additional diagnosis (if relevant) must be added to the record of the subacute or non-acute episode of care.

Palliative care episodes can include grief and bereavement support for the family and carers of the patient where it is documented in the patient's medical record.

Each care type must have a unique account/admission number.

Episodes with more than one care type must have an episode of care link number. This enables episodes of care within a hospital stay to be rolled up into one admission.

## Examples

	Care Type
A patient is admitted to a mental health ward with a mental health care type.	32
A patient with Alzheimer's disease is statistically admitted under a psychogeriatric team for behaviour modification.	24

## **Related national definition**

<https://meteor.aihw.gov.au/content/584408>

## **Revision history**

N/A

## Contact Program Identifier

<b>Field name:</b>	contact_program_identifier
<b>Source data element(s):</b>	[Contact Program Identifier] – PSOLIS
<b>Definition:</b>	Unique identifier for the client's current contact program
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Numeric
<b>Format:</b>	N(20)
<b>Permitted values:</b>	Unique numeric identifier

### Guide for use

Collection of this data element is conditional – contact program identifier is mandatory if the patient is admitted into a PSOLIS program and stream.

This is a system-generated identifier that is not visible to front-end users of PSOLIS.

If a client has been admitted into multiple programs within a stream, the client will have multiple contact program IDs within the stream.

### Examples

An adult stream client is active in one inpatient and two outpatient programs	Contact Program Identifier
Inpatient program 1	222172
Outpatient program 1	374844
Outpatient program 2	214803

### Related national definition

N/A

### Revision history

N/A



## Discharge Date and Time

<b>Field name:</b>	discharge_datetime
<b>Source data element(s):</b>	[Discharge Date and Time] – PSOLIS
<b>Definition:</b>	The date and time the patient was discharged from the inpatient mental health service.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Datetime
<b>Format:</b>	YYYY-MM-DD HH:MM:SS
<b>Permitted values:</b>	Valid date and time

### Guide for use

Collection of this data element is conditional – discharge date and time must be recorded if the patient is admitted to an inpatient setting.

In the admitted and community residential settings this is the actual or statistical date of discharge from the mental health service.

A formal discharge is the conclusion of the patient’s treatment within a hospital.

A statistical discharge is a process that occurs within an episode of care to capture a particular change to the patient’s treatment, i.e. change of care type.

The discharge date visible in PSOLIS reflects the date and time the client was discharged from the mental health ward and must reflect the information entered in webPAS.

The discharge date must be after the admission date.

The discharge date for ward transfers between mental health programs must reflect the date and time the ward transfer occurred.

### Examples

	Discharge Date and Time
A patient is discharged from a MH ward on 6 March 2021 at 09:05:00.	2021-03-06 09:05:00
A patient’s care type changed from MH to acute on 1 May 2020 at 11.20am.	2020-05-01 11:20:00
A patient is ward transferred in webPAS from MH program 1 to MH program 2 on 15 November 2021 at 3.30pm. The discharge from MH program 1 is manually created in PSOLIS with the discharge date and time reflecting the date and time of ward transfer, plus one minute.	2021-11-15 15:31:00

### Related national definition

<https://meteor.aihw.gov.au/content/680891>

### Revision history

N/A

## Episode End Date and Time

<b>Field name:</b>	episode_end_datetime
<b>Source data element(s):</b>	[Episode End Date and Time] – PSOLIS
<b>Definition:</b>	The date and time on which the episode of mental health care within that setting is formally or statistically completed.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Datetime
<b>Format:</b>	YYYY-MM-DD HH:MM:SS
<b>Permitted values:</b>	Valid date and time

### Guide for use

Collection of this data element is conditional – episode end date and time must be recorded if the client is discharged or deactivated.

This is the end date for the stream episode. It may or may not be equivalent to the original date of discharge/deactivation from the mental health care program.

The episode will remain open while the client is active in any program within the stream.

If the client is deactivated from one program but is active in another program of the same stream the episode end date must be the date of deactivation/discharge from the remaining program.

### Examples

	Episode End Date and Time
A client is reviewed and it is determined that they need no further care in the service and can be deactivated from the program. The client is deactivated from the program on 01/10/2020 at 2pm.	2020-10-01 14:00:00

### Related national definition

<https://meteor.aihw.gov.au/content/722725>

### Revision history

N/A

## Episode Start Date and Time

<b>Field name:</b>	episode_start_datetime
<b>Source data element(s):</b>	[Episode Start Date and Time] – PSOLIS
<b>Definition:</b>	The date and time on which the episode of mental health care within that setting formally or statistically commences.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Datetime
<b>Format:</b>	YYYY-MM-DD HH:MM:SS
<b>Permitted values:</b>	Valid date and time

### Guide for use

Collection of this data element is conditional – episode start date and time must be recorded if the client is admitted or activated.

The treatment and/or care provided to a patient during an episode of care can occur in three different settings: admitted, ambulatory or residential.

This is the start date for the stream episode of care. It is equivalent to the date of the first admission/activation into a program and the commencement of the mental health care episode within that service.

The episode start date is assigned to all NOCC measures collected within the same episode of care.

### Examples

	Episode Start Date and Time
A mental health client is activated into a MH Youth Outpatient program on 20/07/2020 at 2pm and attends a review where three NOCC assessments are collected: HoNOS, K10+ and LSP-16.	2020-07-20 14:00:00
The client attends a review at 1pm on 15/09/2020 where the same three NOCC assessments are performed.	2020-09-15 13:00:00
The client is admitted to the mental health service's inpatient unit at 6pm on 1/10/2020 when an admission NOCC is collected.	2020-10-01 18:00:00

### Related national definition

<https://meteor.aihw.gov.au/content/723143>

### Revision history

N/A

## Establishment Code

<b>Field name:</b>	establishment_code
<b>Source data element(s):</b>	[Establishment Code] – PSOLIS
<b>Definition:</b>	A unique four-digit number that is assigned by Department of Health (WA) to hospitals and other health related locations or establishments.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Numeric
<b>Format:</b>	NNNN
<b>Permitted values:</b>	Refer to the <a href="#">Establishment Code List</a>

## Guide for use

Collection of this data element is conditional – establishment code must be recorded if the patient is admitted to an inpatient setting.

An establishment refers to an authorised/accredited physical location where patients can receive health care and stay overnight. This includes acute hospitals, residential aged care and nursing homes, rehabilitation and residential mental health facilities.

For the purposes of reporting and other business requirements, virtual hospitals, same-day clinics, surgeries, nursing posts, detention centres or prisons may also be assigned an establishment code.

Establishment codes are assigned by the Department of Health and a list of valid establishments is provided in the [Establishment Code List](#).

## Examples

	Establishment
A patient is admitted to Albany Hospital.	0201
A patient is admitted to St John of God Health Care Murdoch.	0640

## Related national definition

<https://meteor.aihw.gov.au/content/269975>

## Revision history

N/A

## Establishment Name

<b>Field name:</b>	establishment_hosp
<b>Source data element(s):</b>	[Establishment Name] – PSOLIS
<b>Definition:</b>	The name of the hospital that is required to report admitted activity information to the HMDS
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Alphanumeric
<b>Format:</b>	X[X(149)]
<b>Permitted values:</b>	Refer to the <a href="#">Establishment Code List</a>

## Guide for use

Collection of this data element is conditional – establishment name must be recorded if the patient is admitted to an inpatient setting.

Please refer to the [Establishment Code List](#) for a list of the valid hospital and health services.

Each organisation must only have one establishment.

## Examples

	Establishment Name
A patient is admitted to establishment code 201.	Albany Hospital
A patient is admitted to establishment code 640.	St John of God Health Care Murdoch

## Related national definition

<https://meteor.aihw.gov.au/content/269975>

## Revision history

N/A

## Leave Days

<b>Field name:</b>	leave_days
<b>Source data element(s):</b>	[Leave Days] – PSOLIS
<b>Definition:</b>	Sum of the length of leave for all periods within the hospital stay
<b>Requirement status:</b>	N/A
<b>Data type:</b>	Numeric
<b>Format:</b>	N(4)
<b>Permitted values:</b>	Whole number

## Guide for use

This data element is a derived measure using the start and end dates of periods of the client's leave during an admitted episode.

## Examples

	Leave Days
A patient is admitted to Midland Hospital for five days and takes no leave.	0
A patient is admitted to Albany Hospital for three weeks and takes two days of leave on one occasion and one day of leave on another occasion.	3

## Related national definition

<https://meteor.aihw.gov.au/content/270251>

## Revision history

N/A

## Leave End Date and Time

<b>Field name:</b>	leave_end_datetime
<b>Source data element(s):</b>	[Leave End Date and Time] – PSOLIS
<b>Definition:</b>	The date and time the patient ended a period of leave from the inpatient mental health service.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Datetime
<b>Format:</b>	YYYY-MM-DD HH:MM:SS
<b>Permitted values:</b>	Valid date and time

### Guide for use

Collection of this data element is conditional – leave end date and time must be recorded if the patient takes leave while admitted to an inpatient setting.

The leave end date visible in PSOLIS reflects the date and time the client ended a period of leave from the mental health ward and must reflect the information entered in webPAS.

Leave end date must be after the admission date.

Leave end date must be after the leave start date.

Leave end date must be before the discharge date.

### Examples

	Leave End Date and Time
A patient ends a period of leave from a mental health ward on 3 May 2021 at 09:05:00.	2021-05-03 09:05:00

### Related national definition

<https://meteor.aihw.gov.au/content/680891>

### Revision history

N/A

## Leave Start Date and Time

<b>Field name:</b>	leave_start_datetime
<b>Source data element(s):</b>	[Leave Start Date and Time] – PSOLIS
<b>Definition:</b>	The date and time the patient commenced a period of leave from the inpatient mental health service.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Datetime
<b>Format:</b>	YYYY-MM-DD HH:MM:SS
<b>Permitted values:</b>	Valid date and time

### Guide for use

Collection of this data element is conditional – leave start date and time must be recorded if the patient takes leave while admitted to an inpatient setting.

The leave start date visible in PSOLIS reflects the date and time the client started a period of leave from the mental health ward and must reflect the information entered in webPAS.

Leave start date must be after the admission date.

Leave start date must be before the leave end date.

Leave start date must be before the discharge date.

### Examples

	Leave Start Date and Time
A patient starts a period of leave from a mental health ward on 1 May 2021 at 2:30pm.	2021-05-01 14:30:00

### Related national definition

<https://meteor.aihw.gov.au/content/680891>

### Revision history

N/A



## Length of Stay

<b>Field name:</b>	length_of_stay
<b>Source data element(s):</b>	[Length of Stay] – PSOLIS
<b>Definition:</b>	The duration of the inpatient episode in days.
<b>Requirement status:</b>	N/A
<b>Data type:</b>	Numeric
<b>Format:</b>	N(4)
<b>Permitted values:</b>	Whole number

## Guide for use

This data element is a derived measure using the episode admission and discharge dates.

## Examples

	Incident Duration
A patient is admitted to Midland Hospital on 13/07/2022 and discharged on 20/07/2022.	8

## Related national definition

N/A

## Revision history

N/A

## Planned Admission Date and Time

<b>Field name:</b>	planned_admit_datetime
<b>Source data element(s):</b>	[Planned Admission Date and Time] – PSOLIS
<b>Definition:</b>	The planned admission date and time prior to the actual admission into the mental health program.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	Datetime
<b>Format:</b>	YYYY-MM-DD HH:MM:SS
<b>Permitted values:</b>	Valid date and time

### Guide for use

Collection of this data element is optional.

The planned admission date and time reflects information when a pre-admission date is specified in webPAS.

The planned admission date and time can also be entered during manual creation of the admission in PSOLIS.

The planned admission date must be prior to actual admission date and time.

### Examples

	Planned Admission Date and Time
A user entered a planned admission date of 8 May 2021 at 10am.	2021-05-08 10:00:00

### Related national definition

N/A

### Revision history

N/A

## Planned Discharge Date and Time

<b>Field name:</b>	planned_discharge_datetime
<b>Source data element(s):</b>	[Planned Discharge Date and Time] – PSOLIS
<b>Definition:</b>	The planned discharge date and time prior to the actual discharge from the mental health program.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	Datetime
<b>Format:</b>	YYYY-MM-DD HH:MM:SS
<b>Permitted values:</b>	Valid date and time

### Guide for use

Collection of this data element is optional.

The planned discharge date and time can be recorded in webPAS at the time of admission.

For manually created admissions, the user can enter this information into PSOLIS.

The planned discharge date and time must be after the admission date and time.

### Examples

	Planned Discharge Date and Time
A user entered a planned discharge date of 16 May 2021 at 9am.	2021-05-16 09:00:00

### Related national definition

N/A

### Revision history

N/A

## Reception Date and Time

<b>Field name:</b>	reception_datetime
<b>Source data element(s):</b>	[Reception Date and Time] – PSOLIS
<b>Definition:</b>	The date and time the client was received as an inpatient.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	Datetime
<b>Format:</b>	YYYY-MM-DD HH:MM:SS
<b>Permitted values:</b>	Valid date and time

### Guide for use

Collection of this data element is optional.

The reception date and time can be recorded in webPAS at the time of admission.

For manually created admissions, the user can enter this information into PSOLIS.

The reception date and time must be before the discharge date and time.

### Examples

	Reception Date and Time
A user entered a reception date of 23 August 2021 at 9am.	2021-08-23 09:00:00

### Related national definition

N/A

### Revision history

N/A

## Visit End Date and Time

<b>Field name:</b>	visit_disch_datetime
<b>Source data element(s):</b>	[Visit End Date and Time] – PSOLIS
<b>Definition:</b>	The date and time on which an admitted client completes an episode of care (otherwise known as 'visit').
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Datetime
<b>Format:</b>	YYYY-MM-DD HH:MM:SS
<b>Permitted values:</b>	Valid date and time

## Guide for use

Collection of this data element is conditional – visit end date and time must be recorded if the patient is admitted to an inpatient setting.

Where there is only one visit in the overall webPAS case (formal admission) the visit end date and time will reflect the same information as the discharge date and time.

Where a statistical discharge is performed in webPAS, the visit end date and time will reflect the date and time of the change applied.

## Examples

	Visit End Date and Time
A user discharges a client from a mental health ward on 3 May 2021 at 9am.	2021-05-03 09:00:00
A client is statistically discharged in webPAS on 1 March 2020 at 11.20am.	2020-03-01 11:20:00

## Related national definition

N/A

## Revision history

N/A

## Visit Number

<b>Field name:</b>	visit_number
<b>Source data element(s):</b>	[Visit Number] – PSOLIS
<b>Definition:</b>	A numeric business identifier for each visit (also known as account number in other collections).
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Numeric
<b>Format:</b>	N[N(19)]
<b>Permitted values:</b>	Unique numeric identifier

## Guide for use

Collection of this data element is conditional – visit number must be recorded if the patient is admitted to an inpatient setting.

A webPAS case (formal admission) can contain one or more visits; each is assigned their own visit number.

In webPAS clients are statistically discharged and admitted in order to change a client's care type. This creates a new webPAS visit within the overall webPAS case. These visits display as separate rows on the primary admission in PSOLIS.

## Examples

	Visit Number
A client is admitted into a mental health ward.	224020

## Related national definition

N/A

## Revision history

N/A

## Visit Start Date and Time

<b>Field name:</b>	visit_adm_datetime
<b>Source data element(s):</b>	[Visit Start Date and Time] – PSOLIS
<b>Definition:</b>	The date and time on which an admitted client commences the inpatient episode of care (otherwise known as 'visit').
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Datetime
<b>Format:</b>	YYYY-MM-DD HH:MM:SS
<b>Permitted values:</b>	Valid date and time

### Guide for use

Collection of this data element is conditional – visit start date and time must be recorded if the patient is admitted to an inpatient setting.

Where there is only one visit in the overall webPAS case (formal admission) the visit start date and time will reflect the same information as the admission date and time.

Statistical admissions result in a new visit number. The visit start date and time will reflect the date and time of the change applied (i.e. commencement of a new care type).

### Examples

	Visit Start Date and Time
A user admits a client into a mental health ward on 3 May 2021 at 9am.	2021-05-03 09:00:00
A client is statistically admitted in webPAS on 1 March 2020 at 11.20am.	2020-03-01 11:20:00

### Related national definition

N/A

### Revision history

N/A

## Ward on Admission

<b>Field name:</b>	ward_on_admission
<b>Source data element(s):</b>	[Ward on Admission] – PSOLIS
<b>Definition:</b>	The ward the patient was admitted to, at the time of admission to the hospital.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	String
<b>Format:</b>	X[X(59)]
<b>Permitted values:</b>	Valid ward name descriptor

## Guide for use

Collection of this data element is conditional – ward on admission must be recorded if the patient is admitted to an inpatient setting.

Ward details must be entered at time of completing the admission in webPAS.

## Examples

	Ward on Admission
A client is admitted into an inpatient mental health ward 'W42'	W42

## Related national definition

N/A

## Revision history

N/A



## Ward on Discharge

<b>Field name:</b>	ward_on_discharge
<b>Source data element(s):</b>	[Ward on Discharge] – PSOLIS
<b>Definition:</b>	The ward the patient was discharged from, at the time of discharge from the hospital.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	String
<b>Format:</b>	X[X(59)]
<b>Permitted values:</b>	Ward name descriptors

### Guide for use

Collection of this data element is conditional – ward on discharge must be recorded if the patient is admitted to an inpatient setting.

Ward details must be entered at time of completing the discharge in webPAS.

### Examples

	Ward on Admission
A client is discharged from an inpatient mental health ward 'W26'	W26

### Related national definition

N/A

### Revision history

N/A

## 6. Referrals

The following section provides specific information about the referrals data elements captured in the MHDC, including definitions, permitted values, guide for use, rules and operational examples.

All information relating to data elements in this data dictionary is specific to the MHDC, and caution should be taken if these data elements are compared with those of other data collections. Where relevant, related national definitions have been referenced.

## Action Date and Time

<b>Field name:</b>	record_modified_datetime
<b>Source data element(s):</b>	[Action Date and Time] – PSOLIS
<b>Definition:</b>	Date and time the action occurred.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Datetime
<b>Format:</b>	YYYY-MM-DD HH:MM:SS
<b>Permitted values:</b>	Valid date and time

## Guide for use

Collection of this data element is mandatory.

Action date and time is system generated and records the date and time of changes to the client record that have been committed to the system.

The action date and time collected in the MHDC is the latest action date and time from any of the tables that the extract sources from the system.

If changes are made in webPAS and no other changes are made to the client record in PSOLIS, the action date and time records when the change was made in webPAS.

If, after a change in webPAS, a change also occurs in PSOLIS, the action date and time recorded is when the change was made in PSOLIS.

## Examples

	Action Date and Time
A user records a NOCC assessment for a client at 10:15:00 on 11 June 2021.	2021-06-11 10:15:00
A user finishes entering a client's details in the PAS on 15 December 2020 at 12:51:21 and then at enters a service event in PSOLIS at 13:00:00.	2020-12-15 13:00:00

## Related national definition

N/A

## Revision history

N/A

## Activation Date and Time

<b>Field name:</b>	activation_datetime
<b>Source data element(s):</b>	[Activation Date and Time] – PSOLIS
<b>Definition:</b>	The date and time the client was activated in the community mental health service.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Datetime
<b>Format:</b>	YYYY-MM-DD HH:MM:SS
<b>Permitted values:</b>	Valid date and time

### Guide for use

Collection of this data element is conditional – activation date and time must be recorded if the client is activated.

In the community setting the activation date and time is the date on which the episode of mental health care within the community mental health program commenced. It may or may not be equivalent to the original date of entry to care within the ambulatory service.

Activation is the process of admitting a client to a community program for ongoing care or service provision.

Clients can be activated to the mental health service with the first service contact; however, one or two service contacts do not mean that the client has to be activated.

When the 'client present' box has been selected ten times for reportable service contacts, PSOLIS will enforce activation into the service.

The activation date recorded in PSOLIS must be the date the decision to admit and provide care to the client occurred.

The activation date must be after or the same as the referral date and prior to the deactivation date.

The client must be activated when a clinical decision has been made to provide care to a client and this decision must be reflected in PSOLIS.

Once a client, who is currently inactive, has had more than ten reportable service contacts with the client present (face-to face, video, telephone), then the clinician must decide whether to provide care to the client and proceed accordingly.

If a decision to provide care is made the client must be activated.

If a decision has been made not to provide care to the client all related referrals must be assigned an outcome and no more service events may be entered against those referrals.

Service contacts of an administrative nature (i.e. non-reportable service contacts) are excluded from the ten service contacts.

Activation can only be done if a referral exists in PSOLIS. Once a client is activated, PSOLIS will automatically close (outcome) the related referral.

A client cannot be activated against a referral that is more than three months old. PSOLIS will return an error message to the user if this is attempted and the activation will not proceed. A new referral must be created for the activation to proceed. The exception is when the referral has a waitlist status as these referrals will be valid for longer than three months.

Activation must be made to the appropriate program/stream.

Clients can be activated to multiple programs but must only have one referral per program.

If a client who has been deactivated from the mental health service has subsequent interaction with the service then the criteria for re-activation must be the same as if there was no prior activation.

## Examples

	Activation Date and Time
A user activates a client into a program on 3 May 2021 at 09:01:36.	2021-05-03 09:01:36

## Related national definition

<https://meteor.aihw.gov.au/content/730809>

## Revision history

N/A

## Allocated to Clinician HE Number

<b>Field name:</b>	allocated_to_clinician_henumber
<b>Source data element(s):</b>	[Allocated to Clinician HE Number] – PSOLIS
<b>Definition:</b>	The health employee (HE) number of the clinician the referral was allocated to.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	String
<b>Format:</b>	X[X(9)]
<b>Permitted values:</b>	Valid HE number

### Guide for use

Collection of this data element is conditional – allocated to clinician HE number must be recorded if a referral has been created.

### Examples

	Allocated to Clinician HE Number
A referral is created and allocated to clinician HE888880.	HE888880

### Related national definition

N/A

### Revision history

N/A

## Allocated to Clinician Name

<b>Field name:</b>	allocated_to_clinician_name
<b>Source data element(s):</b>	[Allocated to Clinician Name] – PSOLIS
<b>Definition:</b>	The name of the clinician the referral was allocated to.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	String
<b>Format:</b>	X[X(149)]
<b>Permitted values:</b>	Alphanumeric combination

## Guide for use

Collection of this data element is conditional – allocated to clinician name must be recorded if a referral has been created.

## Examples

	Allocated to Clinician Name
A referral is created and allocated to clinician Joe Citizen.	Joe Citizen

## Related national definition

N/A

## Revision history

N/A

## Allocated to Team

<b>Field name:</b>	allocated_to_team
<b>Source data element(s):</b>	[Allocated to Team] – PSOLIS
<b>Definition:</b>	The numerical identifier of the clinical team the referral was allocated to.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	String
<b>Format:</b>	N[N(7)]
<b>Permitted values:</b>	Valid numeric team code

## Guide for use

Collection of this data element is conditional – allocated to team must be recorded if a referral has been created.

## Examples

	Allocated to Clinician Team
A referral is created and allocated to team 26107.	26107

## Related national definition

N/A

## Revision history

N/A



## Referral Date and Time

<b>Field name:</b>	referral_datetime
<b>Source data element(s):</b>	[Referral Date and Time] – PSOLIS
<b>Definition:</b>	The date and time the mental health client was referred to the community mental health service.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Datetime
<b>Format:</b>	YYYY-MM-DD HH:MM:SS
<b>Permitted values:</b>	Valid date and time

### Guide for use

Collection of this data element is conditional – it is mandatory unless the service event item is a pre-referral action.

A formal referral is a process in which a client has had a fax, phone call, letter or email provided to the mental health service on their behalf requesting service or they have self-presented to the mental health service.

This data element is the date and time the relevant mental health service receives the referral regardless of the medium of communication.

This data element represents the active referral date and time of the mental health client at the time of the service event item. Each subsequent service event item recorded for the client will retain this referral date and time while the referral remains current.

All activations must have a valid referral.

Referrals are valid for three months whereupon a new referral is required for the client to be activated or for additional service event items to be entered.

Referrals must be recorded in PSOLIS, regardless of the communication medium.

Referral date and time can be the same as the activation date but must not be after the activation date.

### Examples

	Referral Date and Time
A client is referred to Fremantle Mental Health Service on 1 <sup>st</sup> July 2021 for an assessment. A service event item is recorded for this assessment.	2021-07-01 00:00:00.000

### Related national definition

<https://meteor.aihw.gov.au/content/572270>

### Revision history

N/A

## Referral Identifier

<b>Field name:</b>	referral_identifier
<b>Source data element(s):</b>	[Referral Identifier] – PSOLIS
<b>Definition:</b>	Unique identifier for each referral.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Numeric
<b>Format:</b>	N(8)
<b>Permitted values:</b>	Unique numeric identifier

### Guide for use

Collection of this data element is conditional – it is mandatory unless the service event item is a pre-referral action.

A formal referral is a process in which a client has had a fax, phone call, letter or email provided to the mental health service on their behalf requesting service or they have self-presented to the mental health service.

This data element represents the active referral identifier of the mental health client at the time of a service event item. Each subsequent service event item recorded for the client will retain this referral identifier while the referral remains current.

All activations must have a valid referral.

Referrals are valid for three months whereupon a new referral is required for the client to be activated or for additional service event items to be entered.

Referrals must be recorded in PSOLIS, regardless of the communication medium.

### Examples

	Referral Identifier
A client is referred to Fremantle Mental Health Service on 1 <sup>st</sup> July 2021 for an assessment. A service event item is recorded for this assessment.	3285475

### Related national definition

<https://meteor.aihw.gov.au/content/493164>

### Revision history

N/A

## Referral Medium

<b>Field name:</b>	referral_medium_code
<b>Source data element(s):</b>	[Referral Medium] – PSOLIS
<b>Definition:</b>	The medium the referral was received by, as represented by a code.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Numeric
<b>Format:</b>	N(2)
<b>Permitted values:</b>	<ul style="list-style-type: none"> <li>1 – Email</li> <li>2 – Fax</li> <li>3 – Letter</li> <li>4 – Phone</li> <li>5 – Self presented</li> <li>6 – Triage</li> <li>7 – Brought by police</li> <li>8 – Brought in by community nurses</li> <li>9 – Other</li> <li>10 – Electronic referral</li> </ul>

## Guide for use

Collection of this data element is conditional – it is mandatory unless the service event item is a pre-referral action.

A formal referral is a process in which a client has had a fax, phone call, letter or email provided to the mental health service on their behalf requesting service or they have self-presented to the mental health service.

This data element represents the communication medium of a mental health client's referral.

All activations must have a valid referral.

Referrals are valid for three months whereupon a new referral is required for the client to be activated or for additional service event items to be entered.

Referrals must be recorded in PSOLIS, regardless of the communication medium.

## Examples

	Referral Medium
A mental health client enters Broome Hospital seeking treatment for depression.	5 – Self presented
A patient is referred to Bunbury Mental Health Service via email.	1 – Email

## **Related national definition**

N/A

## **Revision history**

N/A

## Referral Outcome

<b>Field name:</b>	referral_outcome_code
<b>Source data element(s):</b>	[Referral Outcome] – PSOLIS
<b>Definition:</b>	Identifies the outcome of a referral.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	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

## Guide for use

Collection of this data element is conditional – it is mandatory unless the service event is a pre-referral action.

A formal referral is a process in which a client has had a fax, phone call, letter or email provided to the mental health service on their behalf requesting service or they have self-presented to the mental health service.

This data element represents the outcome of a mental health client's referral.

Once a referral outcome is entered, the referral status will automatically change to 'completed'.

All activations must have a valid referral.

Referrals are valid for three months whereupon a new referral is required for the client to be activated or for additional service event items to be entered.

Referrals must be recorded in PSOLIS, regardless of the communication medium.

Multiple referrals can be recorded in PSOLIS, but if the client is currently active at a service stream, or if the client has a current referral at a service stream with a status of 'pending' or 'in progress' the referral outcome must immediately be assigned as 'no further action, already active.'

If it is not appropriate for the mental health service to provide a service to a client, then any decision to refer the client on, or not to provide further care to the client, must be reflected in an appropriate referral outcome as outlined above.

## Examples

	Referral Outcome
A mental health client enters Broome Hospital seeking treatment for depression.	4 – No further action, already active
A patient is referred to Bunbury Mental Health Service via email.	1 – Admitted to service

## Related national definition

N/A

## Revision history

N/A

## Referral Presenting Problem

<b>Field name:</b>	presenting_problem_code
<b>Source data element(s):</b>	[Referral Presenting Problem] – PSOLIS
<b>Definition:</b>	The problem the client is presenting to a mental health service for, as represented by a code.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Numeric
<b>Format:</b>	N(2)
<b>Permitted values:</b>	<ul style="list-style-type: none"> <li>1 – Relationship/family problem</li> <li>2 – Social interpersonal (other than family problem)</li> <li>3 – Problems coping with daily roles and activities</li> <li>4 – School problems</li> <li>5 – Physical problems</li> <li>6 – Existing mental illness - exacerbation</li> <li>7 – Existing mental illness - contact/information only</li> <li>8 – Existing mental illness - alteration in medication/treatment regime</li> <li>9 – Depressed mood</li> <li>10 – Grief/loss issues</li> <li>11 – Anxious</li> <li>12 – Elevated mood and/or disinhibited behaviour</li> <li>13 – Psychotic symptoms</li> <li>14 – Disturbed thoughts, delusions etc.</li> <li>15 – Perceptual disturbances</li> <li>16 – Problematic behaviour</li> <li>17 – Dementia related behaviours</li> <li>18 – Risk of harm to self</li> <li>19 – Risk of harm to others</li> <li>20 – Alcohol/drugs</li> <li>21 – Aggressive/threatening behaviour</li> <li>22 – Legal problems</li> <li>23 – Eating disorder</li> <li>24 – Sexual assault</li> <li>25 – Sexual abuse</li> </ul>

	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

## Guide for use

Collection of this data element is conditional – it is mandatory unless the service event is a pre-referral action.

A formal referral is a process in which a client has had a fax, phone call, letter or email provided to the mental health service on their behalf requesting service or they have self-presented to the mental health service.

This data element represents the problem the mental health client’s is presenting with.

All activations must have a valid referral.

Referrals are valid for three months whereupon a new referral is required for the client to be activated or for additional service event items to be entered.

Referrals must be recorded in PSOLIS, regardless of the communication medium.

## Examples

	Referral Presenting Problem
A mental health client enters Broome Hospital seeking treatment for depression.	9 – Depressed mood

## Related national definition

N/A

## Revision history

N/A



## Referral Purpose

<b>Field name:</b>	referral_purpose_code
<b>Source data element(s):</b>	[Referral Purpose] – PSOLIS
<b>Definition:</b>	The underlying reason for the referral.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	1 – Seeking assistance/referral 2 – Information Null – Not specified

### Guide for use

Collection of this data element is conditional – it is mandatory unless the service event is a pre-referral action.

A formal referral is a process in which a client has had a fax, phone call, letter or email provided to the mental health service on their behalf requesting service or they have self-presented to the mental health service.

This data element represents the reason underlying the mental health client’s referral.

All activations must have a valid referral.

Referrals are valid for three months whereupon a new referral is required for the client to be activated or for additional service event items to be entered.

Referrals must be recorded in PSOLIS, regardless of the communication medium.

### Examples

	Referral Purpose
A client enters Broome Hospital seeking treatment for depression.	1 – Seeking assistance/referral

### Related national definition

N/A

### Revision history

N/A

## Referral Reason

<b>Field name:</b>	referral_reason
<b>Source data element(s):</b>	[Referral Reason] – PSOLIS
<b>Definition:</b>	Information detailing the reason for the referral.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	String
<b>Format:</b>	[X(500)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is conditional – it is mandatory unless the service event is a pre-referral action.

A formal referral is a process in which a client has had a fax, phone call, letter or email provided to the mental health service on their behalf requesting service or they have self-presented to the mental health service.

This data element provides information detailing the reason for the mental health client's referral.

All activations must have a valid referral.

Referrals are valid for three months whereupon a new referral is required for the client to be activated or for additional service event items to be entered.

Referrals must be recorded in PSOLIS, regardless of the communication medium.

### Examples

	Referral Reason
A client is referred to Albany Mental Health Service.	Reports feeling suicidal.
An admitted patient suffering from anxiety is referred to the Fremantle Mental Health Service.	Initial mental health assessment.

### Related national definition

N/A

### Revision history

N/A

## Referral Source Name

<b>Field name:</b>	referral_source_name
<b>Source data element(s):</b>	[Referral Source Name] – PSOLIS
<b>Definition:</b>	Person, program or organisation making the referral.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	String
<b>Format:</b>	[X(150)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is conditional – it is mandatory unless the service event is a pre-referral action.

A formal referral is a process in which a client has had a fax, phone call, letter or email provided to the mental health service on their behalf requesting service or they have self-presented to the mental health service.

This data element details the name of the person, program or organisation who made the mental health client's referral.

All activations must have a valid referral.

Referrals are valid for three months whereupon a new referral is required for the client to be activated or for additional service event items to be entered.

Referrals must be recorded in PSOLIS, regardless of the communication medium.

### Examples

	Referral Source Name
A client is referred to Albany Mental Health Service	Tom from Albany After Hours GP
A client is referred to the State Forensic Mental Health Service	Hakea Prison

### Related national definition

N/A

### Revision history

N/A

## Referral Source Type

<b>Field name:</b>	referral_source_type_code
<b>Source data element(s):</b>	[Referral Source Type] – PSOLIS
<b>Definition:</b>	The type of person or agency responsible for the referral of a mental health client.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Numeric
<b>Format:</b>	N(2)
<b>Permitted values:</b>	<p>2 – Breach release order</p> <p>3 – Condition of bail</p> <p>4 – Court</p> <p>5 – Family/friend</p> <p>8 – Internal program</p> <p>9 – Medical practitioner</p> <p>12 – Other establishment</p> <p>13 – Other organisation</p> <p>16 – Police</p> <p>17 – Correctional facility</p> <p>22 – Self</p> <p>23 – Unknown</p> <p>24 – Refuge</p> <p>25 – School</p> <p>26 – Other professional</p> <p>27 – External program</p> <p>28 – Nursing home/hostel</p> <p>29 – Hospital</p> <p>30 – Mental health program</p> <p>31 – Restructure</p> <p>32 – Police officer</p> <p>99 – PAS</p> <p>Null – not specified</p>

## Guide for use

Collection of this data element is conditional – it is mandatory unless the service event is a pre-referral action.

A formal referral is a process in which a client has had a fax, phone call, letter or email provided to the mental health service on their behalf requesting service or they have self-presented to the mental health service.

This data element details the type of source the mental health client's referral was issued from.

All activations must have a valid referral.

Referrals are valid for three months whereupon a new referral is required for the client to be activated or for additional service event items to be entered.

Referrals must be recorded in PSOLIS, regardless of the communication medium.

## Examples

	Referral Source Type
Tom from Albany After Hours GP refers a client to Albany Mental Health Service	9 – Medical practitioner
Hakea Prison refers a client to the State Forensic Mental Health Service	17 – Correctional facility

## Related national definition

<https://meteor.aihw.gov.au/content/297450>

## Revision history

N/A

## Referral Status

<b>Field name:</b>	referral_status_code
<b>Source data element(s):</b>	[Referral Status] – PSOLIS
<b>Definition:</b>	The stage that a referral reaches in processing, as represented by a code.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	1 – Pending 2 – In progress 3 – Waitlist 4 – Completed 5 – Sent Null – Not specified

## Guide for use

Collection of this data element is conditional – it is mandatory unless the service event is a pre-referral action.

A formal referral is a process in which a client has had a fax, phone call, letter or email provided to the mental health service on their behalf requesting service or they have self-presented to the mental health service.

This data element details the processing stage of the mental health client’s referral.

### Permitted value definitions

#### *Pending*

When a referral is first recorded in PSOLIS the status automatically defaults to pending.

#### *In Progress*

Referrals that are being progressed.

#### *Waitlist*

Used for clients who are waiting for a vacant place in a program.

#### *Completed*

When the outcome of the referral has been determined.

#### *Sent*

The referral has been sent to its intended recipient.

All activations must have a valid referral.

Referrals are valid for three months whereupon a new referral is required for the client to be activated or for additional service event items to be entered.

Referrals must be recorded in PSOLIS, regardless of the communication medium.

To complete a referral, an outcome must be entered onto the referral details.

If a client cannot be admitted to a program because there are currently no vacancies, their referral status must be changed to 'Waitlist'.

Referrals must not be left pending, in progress or waitlisted indefinitely. Action must be taken to ensure that current referrals with a status of 'Pending' or 'In progress' or 'Waitlist' are reviewed regularly, and an appropriate outcome assigned within three months.

## Examples

	Referral Status
Tom from Albany After Hours GP refers a client to Albany Mental Health Service	2 – In progress
Hakea Prison refers a client is to the State Forensic Mental Health Service	1 – Pending

## Related national definition

N/A

## Revision history

N/A

## Referred On Name

<b>Field name:</b>	referred_on_name
<b>Source data element(s):</b>	[Referred On Name] – PSOLIS
<b>Definition:</b>	The name of the person, program or organisation the mental health client has been referred to.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	String
<b>Format:</b>	[X(130)]
<b>Permitted values:</b>	Alphanumeric combination

## Guide for use

Collection of this data element is conditional – it is mandatory unless the service event is a pre-referral action.

A formal referral is a process in which a client has had a fax, phone call, letter or email provided to the mental health service on their behalf requesting service or they have self-presented to the mental health service.

This data element details the name of the person, program or organisation the mental health client has been referred to.

All activations must have a valid referral.

Referrals are valid for three months whereupon a new referral is required for the client to be activated or for additional service event items to be entered.

Referrals must be recorded in PSOLIS, regardless of the communication medium.

## Examples

	Referred On Name
Hakea Prison refers a client to the Graylands Hospital	Graylands Hospital

## Related national definition

N/A

## Revision history

N/A



## Referred On Type

<b>Field name:</b>	referred_on_type_code
<b>Source data element(s):</b>	[Referred On Type] – PSOLIS
<b>Definition:</b>	The type of person, program or organisation the mental health client has been referred to.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Numeric
<b>Format:</b>	N(2)
<b>Permitted values:</b>	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

### Guide for use

Collection of this data element is conditional – it is mandatory unless the service event is a pre-referral action.

A formal referral is a process in which a client has had a fax, phone call, letter or email provided to the mental health service on their behalf requesting service or they have self-presented to the mental health service.

This data element details the type of person, program or organisation the mental health client has been referred to.

All activations must have a valid referral.

Referrals are valid for three months whereupon a new referral is required for the client to be activated or for additional service event items to be entered.

Referrals must be recorded in PSOLIS, regardless of the communication medium.

## Examples

	Referred On Type
Broome Mental Health Service refers a client to Phil, a local GP.	9
Graylands Hospital refers a client to Fiona Stanley Hospital.	1

## Related national definition

N/A

## Revision history

N/A

## 7. Alerts

The following section provides specific information about the alerts data elements captured in the MHDC, including definitions, permitted values, guide for use, rules and operational examples.

All information relating to data elements in this data dictionary is specific to the MHDC, and caution should be taken if these data elements are compared with those of other data collections. Where relevant, related national definitions have been referenced.

## Alert Details

<b>Field name:</b>	alert_details
<b>Source data element(s):</b>	[Alert Details] – PSOLIS
<b>Definition:</b>	Information about the cause and nature of the alert.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	String
<b>Format:</b>	X[X(499)]
<b>Permitted values:</b>	Alphanumeric combination

## Guide for use

Collection of this data element is optional – it is free text field where users can enter more information related to an alert.

Alerts provide immediate information regarding risk factors that increase the vulnerability of the client, staff, relatives or other clients to physical, environmental, social or psychological harm.

The presence of alerts provides an immediate source of important information for staff that must be taken into consideration when treating the client.

Access to alerts information is not restricted to the user's permission and stream access. This information is available to read on a State-wide level.

Alerts can be entered against clients that are active or have a referral, or during triage.

## Examples

	Alert Details
A user creates an alert with a 'Physical Aggression' message	Can become aggressive when visiting in home; known to throw furniture

## Related national definition

N/A

## Revision history

N/A

## Alert Duration

<b>Field name:</b>	alert_duration_days
<b>Source data element(s):</b>	[Alert Duration] – PSOLIS
<b>Definition:</b>	The duration of the alert in days.
<b>Requirement status:</b>	N/A
<b>Data type:</b>	Numeric
<b>Format:</b>	N(3)
<b>Permitted values:</b>	Whole number

## Guide for use

This data element is a derived measure using the start and end dates of an alert created in relation to a client.

## Examples

	Alert Duration
An alert is created on 13/07/2022 for a patient admitted to Midland Hospital and removed for the patient on 20/07/2022.	8

## Related national definition

N/A

## Revision history

N/A

## Alert Entered By

<b>Field name:</b>	alert_entered_by
<b>Source data element(s):</b>	[Alert Entered By] – PSOLIS
<b>Definition:</b>	The health employee (HE) number of the person creating the alert.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	String
<b>Format:</b>	X[X(9)]
<b>Permitted values:</b>	Valid HE number

## Guide for use

Collection of this data element is conditional – it must be recorded if an alert has been created.

Alerts provide immediate information regarding risk factors that increase the vulnerability of the client, staff, relatives or other clients to physical, environmental, social or psychological harm.

The presence of alerts provides an immediate source of important information for staff that must be taken into consideration when treating the client.

Access to alerts information is not restricted to the user’s permission and stream access. This information is available to read on a State-wide level.

Alerts can be entered against clients that are active or have a referral, or during triage.

## Examples

	Alert Entered By
A user creates an alert.	HE999990

## Related national definition

N/A

## Revision history

N/A

## Alert Expired By

<b>Field name:</b>	alert_expired_by
<b>Source data element(s):</b>	[Alert Expired By] – PSOLIS
<b>Definition:</b>	The health employee (HE) number of the person who ends the alert.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	String
<b>Format:</b>	X[X(9)]
<b>Permitted values:</b>	Valid HE number

## Guide for use

Collection of this data element is conditional – it must be recorded if an alert has been ended.

Alerts provide immediate information regarding risk factors that increase the vulnerability of the client, staff, relatives or other clients to physical, environmental, social or psychological harm.

The presence of alerts provides an immediate source of important information for staff that must be taken into consideration when treating the client.

Access to alerts information is not restricted to the user’s permission and stream access. This information is available to read on a State-wide level.

Alerts can be entered against clients that are active or have a referral, or during triage.

This data element must be completed if the alert is no longer relevant.

## Examples

	Alert Expired By
A user ends an alert.	HE888880

## Related national definition

N/A

## Revision history

N/A

## Alert Expiry Date

<b>Field name:</b>	alert_end_datetime
<b>Source data element(s):</b>	[Alert Expiry Date] – PSOLIS
<b>Definition:</b>	The end date of the alert.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	Datetime
<b>Format:</b>	YYYY-MM-DD
<b>Permitted values:</b>	Valid date

### Guide for use

Collection of this data element is optional.

Alerts provide immediate information regarding risk factors that increase the vulnerability of the client, staff, relatives or other clients to physical, environmental, social or psychological harm.

The presence of alerts provides an immediate source of important information for staff that must be taken into consideration when treating the client.

Access to alerts information is not restricted to the user's permission and stream access. This information is available to read on a State-wide level.

Alerts can be entered against clients that are active or have a referral, or during triage.

Alert expiry date must be after the alert start date.

This data element must be completed if the alert is no longer relevant.

### Examples

	Alert Expiry Date
A user creates an alert with an end date of 3 May 2022.	2022-05-03

### Related national definition

N/A

### Revision history

N/A



## Alert Identifier

<b>Field name:</b>	alert_identifier
<b>Source data element(s):</b>	[Alert Identifier] – PSOLIS
<b>Definition:</b>	A unique identifier for each alert.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	String
<b>Format:</b>	N(6)
<b>Permitted values:</b>	Unique numeric identifier

## Guide for use

Collection of this data element is conditional – alert identifier must be recorded if an alert has been created.

Alerts provide immediate information regarding risk factors that increase the vulnerability of the client, staff, relatives or other clients to physical, environmental, social or psychological harm.

The presence of alerts provides an immediate source of important information for staff that must be taken into consideration when treating the client.

Access to alerts information is not restricted to the user's permission and stream access. This information is available to read on a State-wide level.

Alerts can be entered against clients that are active or have a referral, or during triage.

This data element is system generated to prevent duplicates.

## Examples

	Alert Identifier
A new alert is created in PSOLIS.	106805

## Related national definition

N/A

## Revision history

N/A

## Alert Message

<b>Field name:</b>	alert_message
<b>Source data element(s):</b>	[Alert Message] – PSOLIS
<b>Definition:</b>	Information that defines the alert.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	String
<b>Format:</b>	X[X(49)]
<b>Permitted values:</b>	Alphanumeric combination

## Guide for use

Collection of this data element is conditional – alert message must be recorded if an alert has been created.

Alerts provide immediate information regarding risk factors that increase the vulnerability of the client, staff, relatives or other clients to physical, environmental, social or psychological harm.

The presence of alerts provides an immediate source of important information for staff that must be taken into consideration when treating the client.

Access to alerts information is not restricted to the user’s permission and stream access. This information is available to read on a State-wide level.

Alerts can be entered against clients that are active or have a referral, or during triage.

Alert message is a free text field where the user must enter information that briefly defines the immediate risk.

## Examples

	Alert Message
A user creates an alert for a physically aggressive client	Physical Aggression

## Related national definition

N/A

## Revision history

N/A

## Alert Reviewed By

<b>Field name:</b>	alert_reviewed_by
<b>Source data element(s):</b>	[Alert Reviewed By] – PSOLIS
<b>Definition:</b>	The health employee (HE) number of the person who reviews the alert.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	String
<b>Format:</b>	X[X(9)]
<b>Permitted values:</b>	Valid HE number

## Guide for use

Collection of this data element is conditional – alert reviewed by must be recorded if an alert has been reviewed.

Alerts provide immediate information regarding risk factors that increase the vulnerability of the client, staff, relatives or other clients to physical, environmental, social or psychological harm.

The presence of alerts provides an immediate source of important information for staff that must be taken into consideration when treating the client.

Access to alerts information is not restricted to the user’s permission and stream access. This information is available to read on a State-wide level.

Alerts can be entered against clients that are active or have a referral, or during triage.

Client alerts must be reviewed on a regular basis by the clinical team.

## Examples

	Alert Reviewed By
A user reviews an alert.	HE888880

## Related national definition

N/A

## Revision history

N/A

## Alert Reviewed Date

<b>Field name:</b>	alert_reviewed_datetime
<b>Source data element(s):</b>	[Alert Reviewed Date] – PSOLIS
<b>Definition:</b>	The date the alert was reviewed by the case manager or multidisciplinary team.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Datetime
<b>Format:</b>	YYYY-MM-DD
<b>Permitted values:</b>	Valid date

### Guide for use

Collection of this data element is conditional – alert reviewed date must be recorded if an alert has been reviewed.

Alerts provide immediate information regarding risk factors that increase the vulnerability of the client, staff, relatives or other clients to physical, environmental, social or psychological harm.

The presence of alerts provides an immediate source of important information for staff that must be taken into consideration when treating the client.

Access to alerts information is not restricted to the user’s permission and stream access. This information is available to read on a State-wide level.

Alerts can be entered against clients that are active or have a referral, or during triage.

Client alerts must be reviewed on a regular basis by the clinical team.

Alert reviewed date cannot be prior to the alert start date.

Alert reviewed date cannot be the same as the alert start date.

Alert reviewed date cannot be after the current date (i.e. a future date).

### Examples

	Alert Reviewed Date
A user creates an alert on 5 April 2021 and reviews the alert on 3 May 2021.	2021-05-03

### Related national definition

N/A

### Revision history

N/A

## Alert Start Date

<b>Field name:</b>	alert_start_date
<b>Source data element(s):</b>	[Alert Start Date] – PSOLIS
<b>Definition:</b>	The date the alert was initiated.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Datetime
<b>Format:</b>	YYYY-MM-DD
<b>Permitted values:</b>	Valid date

## Guide for use

Collection of this data element is conditional – alert start date must be recorded if an alert has been created.

Alerts provide immediate information regarding risk factors that increase the vulnerability of the client, staff, relatives or other clients to physical, environmental, social or psychological harm.

The presence of alerts provides an immediate source of important information for staff that must be taken into consideration when treating the client.

Access to alerts information is not restricted to the user's permission and stream access. This information is available to read on a State-wide level.

Alerts can be entered against clients that are active or have a referral, or during triage.

Alert start date must be before the alert expiry date.

## Examples

	Alert Start Date
A user creates an alert on 3 May 2021.	2021-05-03

## Related national definition

N/A

## Revision history

N/A

## Alert Type

<b>Field name:</b>	alert_type_code
<b>Source data element(s):</b>	[Alert Type] – PSOLIS
<b>Definition:</b>	Identifies the category of the alert.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	1 – Behavioural 2 – Forensic 3 – Medical 4 – Microbiological 5 – Other 6 – Social

## Guide for use

Collection of this data element is conditional – it must be recorded if an alert has been created.

Alerts provide immediate information regarding risk factors that increase the vulnerability of the client, staff, relatives or other clients to physical, environmental, social or psychological harm.

The presence of alerts provides an immediate source of important information for staff that must be taken into consideration when treating the client.

Access to alerts information is not restricted to the user's permission and stream access. This information is available to read on a State-wide level.

Alerts can be entered against clients that are active or have a referral, or during triage.

### Permitted value definitions

#### *Behavioural*

Assaultive behaviour including verbal aggression, self-harm, substance/alcohol misuse, possession/access to/misuse of weapons, medication adherence/compliance, absconding or resistance to admission to hospital (requires enticement), and non-compliance to treatment.

#### *Forensic*

Any criminal conviction, CLMIDA issue, condition of bail or parole.

#### *Medical*

Any physical medical condition or disability, allergies (drug, food organic, topical drugs, dressings), or treatment resistant conditions, i.e. resistance to anti-psychotic drugs.

#### *Microbiological*

Any infectious diseases or antibiotic resistance, e.g. to penicillin.

*Social*

Family history of threatening staff, sexual assault, domestic violence, child abuse/neglect, patient/client requests (e.g. boyfriend not to visit), hostile living conditions (e.g. lives in a house with drug users) etc.

*Other*

Any other alert. May not necessarily be related directly to the client but is a risk to mental health staff.

## Examples

	Alert Type
A user creates an alert for a physically aggressive client.	Behavioural

## Related national definition

N/A

## Revision history

N/A

## 8. Incidents

The following section provides specific information about the incidents data elements captured in the MHDC, including definitions, permitted values, guide for use, rules and operational examples.

All information relating to data elements in this data dictionary is specific to the MHDC, and caution should be taken if these data elements are compared with those of other data collections. Where relevant, related national definitions have been referenced.



## Incident Alert

<b>Field name:</b>	incident_is_alert
<b>Source data element(s):</b>	[Incident Alert] – PSOLIS
<b>Definition:</b>	Flag to indicate if the incident appears as an alert on PSOLIS.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

## Guide for use

Collection of this data element is conditional – incident alert must be recorded if a client alert is created.

An incident details an event or circumstances associated with a client that could have, or did, cause harm, suffering, loss or damage.

PSOLIS users with clinical and administrative roles can access, create and edit client incidents within the stream they have access to.

This data element is used to determine whether an incident alert will appear on the client overview bar in PSOLIS.

Incidents can only be created for clients that are active or have a referral.

## Examples

	Incident Alert
A client assaults a staff member during a therapy session and the user recording the incident event also creates a Behavioural Alert in PSOLIS. The incident alert flag appears against the client.	1

## Related national definition

N/A

## Revision history

N/A

## Incident Duration

<b>Field name:</b>	incident_duration
<b>Source data element(s):</b>	[Incident Duration] – PSOLIS
<b>Definition:</b>	The duration of the incident in days.
<b>Requirement status:</b>	N/A
<b>Data type:</b>	Numeric
<b>Format:</b>	N(3)
<b>Permitted values:</b>	Whole number

## Guide for use

This data element is a derived measure using the start and end dates of an incident created in relation to a client.

## Examples

	Incident Duration
An incident is created on 13/07/2022 for a patient admitted to Midland Hospital and is ended on 20/07/2022.	8

## Related national definition

N/A

## Revision history

N/A

## Incident End Date

<b>Field name:</b>	incident_end_datetime
<b>Source data element(s):</b>	[Incident End Date] – PSOLIS
<b>Definition:</b>	The date and time when the client incident concludes.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	Datetime
<b>Format:</b>	YYYY-MM-DD HH:MM:SS
<b>Permitted values:</b>	Valid date and time

## Guide for use

Collection of this data element is optional.

An incident details an event or circumstances associated with a client that could have, or did, cause harm, suffering, loss or damage.

PSOLIS users with clinical and administrative roles can access, create and edit client incidents within the stream they have access to.

Incidents can only be created for clients that are active or have a referral.

Incident end date and time must be after the incident start date and time.

## Examples

	Incident End Date
A client assaults a member of staff during a therapy session at 2.25pm on 21 <sup>st</sup> November 2020 and leaves the building several minutes later.	2020-11-21 14:30:00

## Related national definition

N/A

## Revision history

N/A

## Incident Location

<b>Field name:</b>	incident_location_code
<b>Source data element(s):</b>	[Incident Location] – PSOLIS
<b>Definition:</b>	The location the incident occurred, represented by a code.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Numeric
<b>Format:</b>	N(4)
<b>Permitted values:</b>	Valid location code

## Guide for use

Collection of this data element is conditional – incident location must be recorded if a client incident is created.

An incident details an event or circumstances associated with a client that could have, or did, cause harm, suffering, loss or damage.

PSOLIS users with clinical and administrative roles can access, create and edit client incidents within the stream they have access to.

Incidents can only be created for clients that are active or have a referral.

## Examples

	Incident Location
A client becomes verbally aggressive in the foyer of Fitzroy House.	374
A patient assaults a staff member in G ward at Albany Hospital.	4

## Related national definition

N/A

## Revision history

N/A

## Incident Notes

<b>Field name:</b>	incident_notes
<b>Source data element(s):</b>	[Incident Notes] – PSOLIS
<b>Definition:</b>	Additional information detailing the incident.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	String
<b>Format:</b>	[X(500)]
<b>Permitted values:</b>	Alphanumeric combination

## Guide for use

Collection of this data element is optional.

An incident details an event or circumstances associated with a client that could have, or did, cause harm, suffering, loss or damage.

PSOLIS users with clinical and administrative roles can access, create and edit client incidents within the stream they have access to.

Incidents can only be created for clients that are active or have a referral.

## Examples

	Incident Notes
A client becomes verbally aggressive in the foyer of Fitzroy House.	Threatened to assault staff.
A patient assaults a staff member in G ward at Albany Hospital.	Refused medication and punched staff member.

## Related national definition

N/A

## Revision history

N/A

## Incident Recurrence Risk

<b>Field name:</b>	incident_recurrence_type_code
<b>Source data element(s):</b>	[Incident Recurrence Risk] – PSOLIS
<b>Definition:</b>	The likelihood of a recurrence of the incident.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	6 – 1 Rare 7 – 2 Unlikely 8 – 3 Possible 9 – 4 Likely 10 – 5 Very likely

### Guide for use

Collection of this data element is optional.

An incident details an event or circumstances associated with a client that could have, or did, cause harm, suffering, loss or damage.

PSOLIS users with clinical and administrative roles can access, create and edit client incidents within the stream they have access to.

Incidents can only be created for clients that are active or have a referral.

### Examples

	Incident Recurrence Risk
A client assaults a staff member in the foyer of Fitzroy House and before absconding threatens to return the following day with a knife.	5

### Related national definition

N/A

### Revision history

N/A

## Incident Severity

<b>Field name:</b>	incident_severity_code
<b>Source data element(s):</b>	[Incident Severity] – PSOLIS
<b>Definition:</b>	The severity of the incident, represented by a code.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	4 – 1 Insignificant 1 – 2 Minor 2 – 3 Moderate 5 – 4 Major 7 – 5 Catastrophic

## Guide for use

Collection of this data element is conditional – incident severity must be recorded if a client incident is created.

An incident details an event or circumstances associated with a client that could have, or did, cause harm, suffering, loss or damage.

PSOLIS users with clinical and administrative roles can access, create and edit client incidents within the stream they have access to.

### Permitted value definitions

#### 1 – Insignificant

- Increased level of care (minimal)
- No increase in length of stay
- Not disabling

#### 2 – Minor

- Increased level of care (minimal)
- Increased length of stay (up to 72 hours)
- Recovery without complication of permanent disability

#### 3 – Moderate

- Increased level of care (moderate)
- Extended length of stay (72 hours to one week)
- Recovery with significant complication or significant permanent disability

#### 4 – Major

- Increased level of care (significant)
- Extended length of stay (greater than one week)

- Significant complication and/or significant permanent disability
- 9 – *Catastrophic*
- Death, permanent total disability
  - All sentinel events

Incidents can only be created for clients that are active or have a referral.

### Examples

	Incident Severity
A client raises hands in a threatening manner towards staff	1
A patient is restrained and secluded following an unprovoked attack on a staff member.	4

### Related national definition

N/A

### Revision history

N/A



## Incident Start Date

<b>Field name:</b>	incident_start_datetime
<b>Source data element(s):</b>	[Incident Start Date] – PSOLIS
<b>Definition:</b>	The date and time the incident started.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Datetime
<b>Format:</b>	YYYY-MM-DD HH:MM:SS
<b>Permitted values:</b>	Valid date and time

### Guide for use

Collection of this data element is conditional – incident start date must be recorded if a client incident is created.

An incident details an event or circumstances associated with a client that could have, or did, cause harm, suffering, loss or damage.

PSOLIS users with clinical and administrative roles can access, create and edit client incidents within the stream they have access to.

Incidents can only be created for clients that are active or have a referral.

### Examples

	Incident Start Date
A client assaults a member of staff during a therapy session at 2.25pm on 21 <sup>st</sup> November 2020.	2020-11-21 14:25:00

### Related national definition

N/A

### Revision history

N/A

## Incident Type

<b>Field name:</b>	incident_type_code
<b>Source data element(s):</b>	[Incident Type] – PSOLIS
<b>Definition:</b>	The category the incident that has taken place belongs to.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	<ul style="list-style-type: none"> <li>1 – Absconding</li> <li>2 – Assault of other person</li> <li>3 – Assault of patient</li> <li>4 – Assault of staff</li> <li>5 – Attempted suicide</li> <li>6 – Damage to property</li> <li>7 – Forensic – attempted escape</li> <li>8 – Forensic – hostage</li> <li>9 – Forensic – riot</li> <li>10 – Illegal activity</li> <li>11 – Medication incident</li> <li>12 – Other</li> <li>13 – Patient injured</li> <li>14 – Seclusion</li> <li>15 – Self harm</li> <li>16 – Serious medical incident</li> <li>17 – Sexual assault</li> <li>18 – Substance abuse</li> <li>19 – Verbal abuse – others</li> <li>20 – Verbal abuse – patients</li> <li>21 – Verbal abuse – staff</li> <li>22 – Seclusion with restraint</li> <li>23 – Restraint</li> <li>24 – Fall</li> <li>25 – Apprehension of baby</li> <li>26 – Removal of baby</li> </ul>

## Guide for use

Collection of this data element is conditional – incident type must be recorded if a client incident is created.

An incident details an event or circumstances associated with a client that could have, or did, cause harm, suffering, loss or damage.

PSOLIS users with clinical and administrative roles can access, create and edit client incidents within the stream they have access to.

Incidents can only be created for clients that are active or have a referral.

## Examples

	Incident Type
A client raises hands in a threatening manner towards staff	12
A patient is restrained and secluded following an unprovoked attack on a staff member.	4

## Related national definition

N/A

## Revision history

N/A

## Record Blocked Flag

<b>Field name:</b>	record_blocked_flag
<b>Source data element(s):</b>	[Record Blocked Flag] – PSOLIS
<b>Definition:</b>	Flag to indicate if the incident has been blocked.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	String
<b>Format:</b>	X
<b>Permitted values:</b>	Y – Yes Null – No

### Guide for use

Collection of this data element is optional.

An incident details an event or circumstances associated with a client that could have, or did, cause harm, suffering, loss or damage.

PSOLIS users with clinical and administrative roles can access, create and edit client incidents within the stream they have access to.

Incidents can only be created for clients that are active or have a referral.

### Examples

	Record Blocked Flag
A PSOLIS user wishes to block the details of an incident from appearing to other users.	Y

### Related national definition

N/A

### Revision history

N/A

## 9. Community mental health and service contacts

The following section provides specific information about the community mental health and service contacts data elements captured in the MHDC, including definitions, permitted values, guide for use, rules and operational examples.

All information relating to data elements in this data dictionary is specific to the MHDC, and caution should be taken if these data elements are compared with those of other data collections. Where relevant, related national definitions have been referenced.

## Actioned By

<b>Field name:</b>	record_modified_by
<b>Source data element(s):</b>	[Actioned By] – ePalCIS, PSOLIS, QoCR, webPAS
<b>Definition:</b>	The user who performed the last recorded action
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	String
<b>Format:</b>	X[X(9)]
<b>Permitted values:</b>	Valid HE number or 'webPAS'

## Guide for use

Collection of this data element is mandatory.

Actioned by is system generated and records the health employee (HE) number from the log-in credentials of the current user making changes to client records.

This data element is used to provide an audit trail of actions performed.

If changes are made in webPAS and no other changes are made to the client record in PSOLIS, the 'actioned by' recorded is 'webPAS'.

If, after a change in webPAS, a change also occurs in PSOLIS, the 'actioned by' recorded is the HE number of the staff member making the change.

## Examples

	Actioned By
A user with HE number HE999990 records an activation diagnosis in PSOLIS	HE999990
A user with HE number HE888880 updates an address in webPAS	webPAS
A user with HE number HE777770 finishes entering a client's details in webPAS and then enters a service event in PSOLIS	HE777770

## Related national definition

N/A

## Revision history

N/A

## Additional Diagnosis

<b>Field name:</b>	diagnosis_assessment_additional_N
<b>Source data element(s):</b>	[Additional Diagnosis] – PSOLIS
<b>Definition:</b>	A condition either coexisting with the principal diagnosis or arising during the episode of care, as represented by a code.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	String
<b>Format:</b>	[ANN.NNNN]
<b>Permitted values:</b>	As per ICD-10-AM

## Guide for use

Collection of this data element is conditional – additional diagnosis must be recorded where applicable to the treatment of the client.

Additional diagnosis codes give information on the conditions that are significant in terms of treatment required during the episode of care.

There are two additional diagnosis fields.

The additional diagnosis code must be a valid code from the current edition of the *International statistical classification of diseases and related health problems, 10th revision, Australian modification (ICD-10-AM)*.

These fields are used to identify up to two secondary or underlying conditions that affected the client's care during the period of care preceding the collection occasion, in terms of requiring therapeutic intervention, clinical evaluation, extended length of episode, or increased care or monitoring and includes co-morbid conditions and complications.

These fields are derived from and must be substantiated by clinical documentation.

## Examples

	Principal Diagnosis	Additional Diagnosis 1	Additional Diagnosis 2
A client has been assessed as having a mental and behavioural disorder due to use of sedatives or hypnotics (F13.9) secondary to a principal diagnosis of adjustment disorder (F43.2).	F43.2	F13.9	

## Related national definition

<https://meteor.aihw.gov.au/content/699606>

## Revision history

N/A

## Associate Present Indicator

<b>Field name:</b>	associate_present_indicator
<b>Source data element(s):</b>	[Associate Present Indicator] – PSOLIS
<b>Definition:</b>	A flag indicating whether an associate of the client was present at the service event.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	String
<b>Format:</b>	X
<b>Permitted values:</b>	0 – Not present 1 – Present

### Guide for use

Collection of this data element is mandatory.

An associate can be a person or organisation.

An associate is anyone who is related or connected to the client and involved in their care. This can include family members, carer, GP, emergency contact, agencies etc.

An associate must not be government mental health staff or organisations.

### Examples

	Associate Present Indicator
A client attends a review alone.	0
A client attends a review accompanied by his sister.	1

### Related national definition

N/A

### Revision history

N/A



## Case Manager

<b>Field name:</b>	case_manager
<b>Source data element(s):</b>	[Case Manager] – PSOLIS
<b>Definition:</b>	The health employee (HE) number of the case manager to whom the mental health client is allocated.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	String
<b>Format:</b>	X[X(9)]
<b>Permitted values:</b>	Valid HE number

## Guide for use

Collection of this data element is conditional – case manager must be recorded if a client has been activated.

Each mental health client must have a clinical case manager assigned to them.

This data element represents the HE number of that clinician.

The case manager will receive all reminders that relate to the client’s care including reviews and management plans.

## Examples

	Case Manager
Upon activation into a community program, a client is allocated to a case manager with a HE number of HE099999.	HE099999
A client has been assessed by the community assessment team, is not yet activated into the service and does not have a case manager at the time of the service event.	.

## Related national definition

N/A

## Revision history

N/A

## Client Present Indicator

<b>Field name:</b>	client_present_indicator
<b>Source data element(s):</b>	[Client Present Indicator] – PSOLIS
<b>Definition:</b>	A flag indicating whether the client was present at the service event.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	String
<b>Format:</b>	X
<b>Permitted values:</b>	0 – Not present 1 – Present

### Guide for use

Collection of this data element is mandatory.

#### Permitted value definitions

##### *0 – Not present*

This code is to be used for service events between a specialised mental health service provider and a third party(ies) where the patient/client, in whose clinical record the service contact would normally warrant a dated entry, is not participating.

##### *1 – Present*

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

This data element is used to indicate whether the mental health client was present during a service event.

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

If the client is not present at the service event but the event relates to the client their name must be added in the attendees tab in PSOLIS and the client present box on the items tab must be unchecked.

Client present indicator is a critical field for determining whether a service event item with a conditional occasion of service flag is reportable or not, as well as an inclusion for community mental health follow-up within seven days of discharge from an acute mental health service.

### QA / validations

N/A

## Examples

	Client Present Indicator
A mental health client attends a face to face appointment with a clinician for an assessment.	1
The treating team undertakes a clinical review just with other members of the team for a client who has been active in the service for three months.	0
A clinician records a clinical record keeping service event item for a client.	0
A family meeting is provided with both the client and the client's carer present during the service event.	1

## Related national definition

<https://meteor.aihw.gov.au/content/677806>

## Revision history

N/A

## Deactivation Date and Time

<b>Field name:</b>	deactivation_datetime
<b>Source data element(s):</b>	[Deactivation Date and Time] – PSOLIS
<b>Definition:</b>	The date and time the client was deactivated from the community mental health service.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Datetime
<b>Format:</b>	YYYY-MM-DD HH:MM:SS
<b>Permitted values:</b>	Valid date and time

### Guide for use

Collection of this data element is conditional – deactivation date and time must be recorded if the client is deactivated.

In the community mental health setting a deactivation is the process by which a client exits a mental health service when they have made progress in their recovery and no further treatment or review is planned.

Clients can be deactivated from one program while remaining active in other programs at the same mental health service organisation.

Admission to an inpatient setting within the same service stream does not require that the client be deactivated from community programs.

The deactivation of a client is a clinical decision. A client can only remain active if there is a clinical reason.

The decision and reason for deactivation can be determined at a clinical appointment or team meeting. Therefore, this is the date that must be entered as the deactivation date in PSOLIS regardless of when data entry is carried out.

If a client who has been deactivated from the mental health service has subsequent interaction with the service, then the criteria for re-activation must be the same as if there was no prior activation.

If a client re-presents after being deactivated with a problem, then the referral/activation cycle recommences, and a new community mental health episode of care begins.

All clients who have not had a clinical contact with a health professional for three months must be reviewed. This process may include follow up with the client if required. If following the review, no further action is planned then the client must be deactivated.

Any decision not to deactivate a client, who has had no clinical contact with a health professional for three months, must be based on clinical reasons only and documented in the medical record.

If a client advises that they are moving permanently out of the community mental health service area then the mental health service must complete a deactivation.

The deactivation date must be later than the activation date.

## Examples

	Deactivation Date and Time
A client moves town and is referred to another service. The treating team makes the decision to deactivate the client from the program on 3 May 2021 at 2.30pm.	2021-05-03 14:30:00

## Related national definition

<https://meteor.aihw.gov.au/content/730859>

## Revision history

N/A

## Deactivation Outcome

<b>Field name:</b>	deactivation_outcome_code
<b>Source data element(s):</b>	[Deactivation Outcome] – PSOLIS
<b>Definition:</b>	The reason a client has been deactivated from a community mental health service, as represented by a code.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Numeric
<b>Format:</b>	N[N(2)]
<b>Permitted values:</b>	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

### Guide for use

Collection of this data element is conditional – deactivation outcome must be recorded if the client is deactivated.

This data element is used to detail the reason for the mental health client’s deactivation from a community mental health service.

### Examples

	Deactivation Outcome
The community mental health treating team decides a client no longer requires treatment and is deactivated from the program.	101
The client has moved interstate.	102
The client is deceased.	106
The client is still active in the service.	

The client no longer requires service by the community mental health program and is referred to another community mental health service.	103
The community mental health program has been realigned to a different mental health organisation and the decision is made to deactivate clients in order to reactivate the client into the new mental health organisation.	15

## Related national definition

N/A

## Revision history

N/A

## Deactivation Status

<b>Field name:</b>	deactivation_status_code
<b>Source data element(s):</b>	[Deactivation Status] – PSOLIS
<b>Definition:</b>	Numeric identifier indicating the status of the client when they are deactivated from a community mental health service.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	1 – Community treatment order 2 – Discharged outright 3 – Received not admitted 4 – Discharge conditional 5 – S46 Transfer to authorised hospital 6 – Restructure Null

## Guide for use

Collection of this data element is conditional – deactivation status must be recorded if the client is deactivated.

This data element is used to detail the standing of the mental health client on deactivation from a community mental health service.

### Permitted value definitions

#### *1 – Community treatment order*

This code is to be used when the client is discharged from an inpatient setting to a community setting on a 5A community treatment order (CTO).

#### *2 – Discharged outright*

This code is to be used when the client is deactivated or transferred from one service to the next.

#### *3 – Received not admitted*

This code is to be used when the client has been received to the service for mental health assessment, but the clinical decision has been made not to admit the client to the service.

#### *4 – Discharge conditional*

This code is to be used when the client is discharged with conditions attached.

#### *5 – S46 Transfer to authorised hospital*

This code is to be used when the client is transferred to another authorised hospital.



6 – *Restructure*

This code has been used for administrative purposes.

## Examples

	Deactivation Status
A mental health client is deactivated from a program because their community treatment order has finished.	1

## Related national definition

N/A

## Revision history

N/A

## Occasion of Service

<b>Field name:</b>	occasion_of_service_code
<b>Source data element(s):</b>	[Occasion of Service] – PSOLIS
<b>Definition:</b>	A flag that indicates whether the service event item is an occasion of service.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	String
<b>Format:</b>	X
<b>Permitted values:</b>	Y – Yes N – No C – Conditional

## Guide for use

Collection of this data element is mandatory.

This flag is used to indicate whether a service event is a mandatory and reportable occasion of service.

For a service event item to be assigned a value of 'conditional', a mental health client or an associate must be identified as being present for the service event item to be reportable.

## Examples

	Occasion of Service
A client attends a face-to-face service contact session, where the type of service event item is 'Aboriginal Cultural Input'. This type of service event item is considered to be an occasion of service if the client is present.	C
A case manager records a service event item of 'Clinical Record Keeping' for a client. This type of service event item is not considered an occasion of service.	N
A client attends a service contact session by phone, where the type of service event item is 'Client Assistance'. This type of service event item is considered to be an occasion of service.	Y

## Related national definition

<https://meteor.aihw.gov.au/content/727358>

## Revision history

N/A

## Organisation

<b>Field name:</b>	establishment_mh_organisation_code
<b>Source data element(s):</b>	[Organisation] – PSOLIS
<b>Definition:</b>	The mental health service organisation identifier.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N(4)
<b>Permitted values:</b>	Valid establishment code

## Guide for use

Collection of this data element is mandatory.

Organisation is used to identify the mental health service organisation that reports service activity. These organisation codes are different to the codes used for the Mental Health Establishments National Minimum Dataset.

## Examples

	Organisation
A client is activated into the Albany Youth community mental health program, which is overseen by Albany Mental Health Services.	226

## Related national definition

N/A

## Revision history

N/A

## Planned Deactivation Date and Time

<b>Field name:</b>	planned_deactivation_datetime
<b>Source data element(s):</b>	[Planned Deactivation Date and Time] – PSOLIS
<b>Definition:</b>	The planned deactivation date and time prior to the actual deactivation from the community mental health service.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	Datetime
<b>Format:</b>	YYYY-MM-DD HH:MM:SS
<b>Permitted values:</b>	Valid date and time

### Guide for use

Collection of this data element is optional.

The planned deactivation date and time can be recorded in webPAS at the time of activation.

For manually created activations, the user can enter this information into PSOLIS.

The planned deactivation date must be after the activation date and time.

### Examples

	Planned Deactivation Date and Time
A user entered a planned deactivation of 9am on 1 May 2023.	2023-05-01 09:00:00

### Related national definition

N/A

### Revision history

N/A

## Principal Diagnosis

<b>Field name:</b>	diagnosis_admission_principal
<b>Source data element(s):</b>	[Principal Diagnosis] – PSOLIS
<b>Definition:</b>	The diagnosis established after study to be chiefly responsible for occasioning an episode of care or an attendance at the health care establishment.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	String
<b>Format:</b>	[ANN.NNNN]
<b>Permitted values:</b>	As per ICD-10-AM

## Guide for use

Collection of this data element is conditional – principal diagnosis must be recorded if a client is admitted or activated.

Principal diagnosis codes give information on the conditions that are significant in terms of treatment required during the episode of care.

Principal diagnosis is one of the most valuable health data elements. It is used for epidemiological research, casemix studies and planning purposes.

Principal diagnosis must be recorded at the time of admission or activation of the client.

Principal diagnosis must be a valid code from the current edition of the *International statistical classification of diseases and related health problems, 10th revision, Australian modification* (ICD-10-AM).

Diagnosis codes starting with a V, W, X or Y, describing the circumstances that cause an injury, cannot be used as a principal diagnosis.

Diagnosis codes which are morphology codes cannot be used as a principal diagnosis.

This data element is derived from and must be substantiated by clinical documentation.

## Examples

	Principal Diagnosis
A client has been activated and assessed as having a mental and behavioural disorder due to use of sedatives or hypnotics (F13.9) secondary to a principal diagnosis of adjustment disorder (F43.2).	F43.2

## Related national definition

<https://meteor.aihw.gov.au/content/699609>

## Revision history

N/A

## Program

<b>Field name:</b>	establishment_mh_program_code
<b>Source data element(s):</b>	[Program] – PSOLIS
<b>Definition:</b>	A unique identifier for the program with which the mental health client has a service contact.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N(4)
<b>Permitted values:</b>	Valid program identifier

## Guide for use

Collection of this data element is mandatory.

This is a system generated identifier used to identify the mental health service program across specialised mental health inpatient, community and residential settings.

## Examples

	Program
A client is activated into the Albany Youth community mental health program, which is overseen by Albany Mental Health Services.	4153

## Related national definition

N/A

## Revision history

N/A

## Record Status

<b>Field name:</b>	record_status
<b>Source data element(s):</b>	[Record Status] – PSOLIS
<b>Definition:</b>	Identifies whether the record is an historical record or the latest record.
<b>Requirement status:</b>	N/A
<b>Data type:</b>	String
<b>Format:</b>	X
<b>Permitted values:</b>	H – Historical L – Latest

## Guide for use

This is a system generated identifier used to identify whether the record is an historical record or the latest record.

Record status is set during the extract of data from PSOLIS.

When a record is initially reported in the extract it is assigned status 'L'.

If an update to this record is reported in a subsequent extract, this update is assigned status 'L' and the status of the earlier record changes to 'H'.

If data is being extracted for reporting the latest record should always be used.

Historical records are kept for data quality and assurance processes.

## Examples

	Record Status
A service event item is reported for the first time.	L
The service event item is subsequently reported again as an update. The status of the original instance of the record changes.	H
The latest update record	L

## Related national definition

N/A

## Revision history

N/A

## Service Contact Count

<b>Field name:</b>	service_contact_count
<b>Source data element(s):</b>	[Service Contact Count] – MIND
<b>Definition:</b>	Flag using the count of reportable service event items to determine if a service contact is reportable.
<b>Requirement status:</b>	N/A
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

This is a system generated identifier used to aggregate service event items to the service contact level.

### Examples

	Service Contact Count
(i) A 15-minute handover with no client present.	1
(ii) Travel of 10 minutes to the client's accommodation.	0
(iii) A 30-minute clinical assessment of the client.	1
(iv) Return travel of 10 minutes.	0
(v) Clinical record keeping of 15 minutes.	0

### Related national definition

N/A

### Revision history

N/A



## Service Contact Duration

<b>Field name:</b>	service_contact_duration
<b>Source data element(s):</b>	[Service Contact Duration] – MIND
<b>Definition:</b>	Duration of the service contact in minutes.
<b>Requirement status:</b>	N/A
<b>Data type:</b>	Numeric
<b>Format:</b>	N(3)
<b>Permitted values:</b>	Whole number

### Guide for use

This is a derived data element containing the total number of minutes of the combined reportable service event items that make up the service contact.

### Examples

	Service Contact Duration
(i) A 15-minute handover with no client present.	15
(ii) Travel of 10 minutes to the client's accommodation.	0
(iii) A 30-minute clinical assessment of the client.	30
(iv) Return travel of 10 minutes.	0
(v) Clinical record keeping of 15 minutes.	0
<i>Total service contact duration in minutes (note: service event items (ii), (iv) and (v) are non-reportable and do not contribute to the service contact</i>	45

### Related national definition

<https://meteor.aihw.gov.au/content/494345>

### Revision history

N/A

## Service Contact End Date and Time

<b>Field name:</b>	service_contact_end_datetime
<b>Source data element(s):</b>	[Service Contact End Date and Time] – MIND
<b>Definition:</b>	The date and time the service contact concluded.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Datetime
<b>Format:</b>	YYYY-MM-DD HH:MM:SS
<b>Permitted values:</b>	Valid date and time

### Guide for use

Collection of this data element is mandatory.

This data element is the end date and time for a particular service contact.

Service contact end date and time is used to calculate the duration of the service contact.

### Examples

	Service Contact End Date and Time
A clinician records a 30-minute appointment for a client's clinical record keeping, ending 01/08/2021 at 9.30am.	2021-08-01 09:30:00.000

### Related national definition

<https://meteor.aihw.gov.au/content/268983>

### Revision history

N/A

## Service Contact Medium

<b>Field name:</b>	service_contact_medium_code
<b>Source data element(s):</b>	[Service Contact Medium] – MIND
<b>Definition:</b>	The medium used to communicate with the mental health client for a service event item.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N(2)
<b>Permitted values:</b>	5 – Face to face 6 – By phone 7 – By videolink 8 – Not applicable 9 – Email 10 – Other electronic

### Guide for use

Collection of this data element is mandatory.

This is data element details the communication medium through which the service event item takes place.

Code '8 – Not applicable' must be recorded against a service event item when the mental health client is not present

### Examples

	Service Contact Medium
A 15-minute telephone handover with no client present.	6 – By phone
A 30-minute clinical assessment of the client.	5 – Face to face

### Related national definition

N/A

### Revision history

N/A

## Service Contact Reportable Indicator

<b>Field name:</b>	service_contact_reportable_indicator
<b>Source data element(s):</b>	[Service Contact Reportable Indicator] – MIND
<b>Definition:</b>	Flag to identify whether a service event item is reportable and makes up part of a service contact.
<b>Requirement status:</b>	N/A
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – Not reportable 1 – Reportable

### Guide for use

This is a system generated indicator used to identify service event items which are reportable and contribute to the service contact being considered reportable.

When the sum of the service contact reportable indicator is zero then the service contact is 0 – Not reportable.

When the sum of the service contact reportable indicator is greater than zero then the service contact is 1 – Reportable.

### Examples

	Service Contact Reportable Indicator
(i) A 15-minute handover with no client present.	1
(ii) Travel of 10 minutes to the client's accommodation.	0
(iii) A 30-minute clinical assessment of the client.	1
(iv) Return travel of 10 minutes.	0
(v) Clinical record keeping of 15 minutes.	0

### Related national definition

N/A

### Revision history

N/A

## Service Contact Session Type

<b>Field name:</b>	service_contact_session_type_code
<b>Source data element(s):</b>	[Service Contact Session Type] – MIND
<b>Definition:</b>	Flag to identify whether a service contact was an individual or group session.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – Individual 1 – Group

### Guide for use

Collection of this data element is mandatory.

### Examples

	Service Contact Session Type
A client participates in a group therapy session.	1 - Group
A client undergoes a clinical assessment while accompanied by a support worker.	0 – Individual

### Related national definition

N/A

### Revision history

N/A

## Service Contact Start Date and Time

<b>Field name:</b>	service_contact_start_datetime
<b>Source data element(s):</b>	[Service Contact Start Date and Time] – MIND
<b>Definition:</b>	The date and time the service contact commenced.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Datetime
<b>Format:</b>	YYYY-MM-DD HH:MM:SS
<b>Permitted values:</b>	Valid date and time

### Guide for use

Collection of this data element is mandatory.

This data element is the start date and time for a particular service contact.

Service contact start date and time is used to calculate the duration of the service contact.

### Examples

	Service Contact Start Date and Time
A clinician records a 30-minute appointment for a client's clinical record keeping, commencing 01/08/2021 at 9am.	2021-08-01 09:00:00.000

### Related national definition

<https://meteor.aihw.gov.au/content/268983>

### Revision history

N/A

## Service Event Category

<b>Field name:</b>	service_event_category_code
<b>Source data element(s):</b>	[Service Event Category] – PSOLIS
<b>Definition:</b>	The status of the client in the community mental health program when the service event occurred.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	1 – Triage 2 – Pre-admission 3 – Active 4 – Post discharge 5 – Staff only 6 – Pre-referral

## Guide for use

Collection of this data element is mandatory.

This field is automatically determined in the system when a service event is recorded based on the status of the client within the community program at the start date and time of the service event.

### Permitted value definitions

#### *Triage*

For recorded triage events using the Triage Module.

#### *Pre-admission*

When the service event commenced, the client was not active in the community mental health program providing the service event.

#### *Active*

At the commencement of the service event, the client was active in the community mental health program.

#### *Post discharge*

The service event was provided after the client was deactivated from the community mental health program.

#### *Staff only*

Service events that do not include mental health clients.

#### *Pre-referral*

The client did not have an open referral to the community mental health program and was considered unlikely to have a continuing service into the future.

A service event can have one or many items.

For a single service event these items must be continuous and relate to the same client or event.

The service event category of 'Pre-referral' must be used to collect all activity outside the context of a referral, admission or activation.

By default, 'Pre-referral' is assigned where the client has neither an open referral in the stream nor an open activation.

## Examples

	Service Event Category
A triage service event is recorded for a client when they telephone a mental health clinic for information only, and no further action is required.	1 – Triage
A client is referred to a community mental health program and attends a service for an initial assessment.	2 – Pre admission
A client is activated into a community mental health program and attends a service contact for an assessment.	3 – Active
A client contacts a community mental health program to obtain information on the service	6 – Pre-referral

## Related national definition

N/A

## Revision history

N/A



## Service Event Identifier

<b>Field name:</b>	service_event_identifier
<b>Source data element(s):</b>	[Service Event Identifier] – PSOLIS
<b>Definition:</b>	The unique identifier for each service event recorded.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N(8)
<b>Permitted values:</b>	Unique numeric identifier

### Guide for use

Collection of this data element is mandatory.

This data element is the unique, system generated number assigned to each service event created in PSOLIS.

A service event can have one or many items.

For a single service event these items must be continuous and relate to the same client or event.

### Examples

	Service Event Identifier
A mental health client attends a face to face appointment on 01/08/2021, comprising three service event items, over a continuous period:	
(i) An assessment, starting at 9am and finishing at 10am.	13280527
(ii) A consultation, starting at 10am and finishing at 11am.	13280527
(iii) Client assistance, starting at 11am and finishing at 11.15am.	13280527

### Related national definition

N/A

### Revision history

N/A

## Service Event Item

<b>Field name:</b>	service_event_item_code
<b>Source data element(s):</b>	[Service Event Item] – PSOLIS
<b>Definition:</b>	A code that represents the service event item(s) delivered to the mental health client at the service event.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	NNN
<b>Permitted values:</b>	As per Appendix A – Service event item codes

## Guide for use

Collection of this data element is mandatory.

This data element is the code used to represent the actual service delivered to the client at each service event item, such as assessment, therapy, client assistance, clinical review, etc.

A service event can have one or many items.

For a single service event these items must be continuous and relate to the same client or event.

## Examples

	Service Event Item
A mental health client attends a face to face appointment on 01/08/2021, comprising three service event items, over a continuous period:	
(i) A clinical review, starting at 9am and finishing at 10am.	61 – Clinical reviews
(ii) A consultation, starting at 10am and finishing at 11am.	72 – Liaison/consultation
(iii) Client assistance, starting at 11am and finishing at 11.15am.	56 – Client assistance

## Related national definition

N/A

## Revision history

N/A

## Service Event Item End Date and Time

<b>Field name:</b>	service_event_item_end_datetime
<b>Source data element(s):</b>	[Service Event Item End Date and Time] – PSOLIS
<b>Definition:</b>	The date and time the service event item ended.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Datetime
<b>Format:</b>	YYYY-MM-DD HH:MM:SS
<b>Permitted values:</b>	Valid date and time

### Guide for use

Collection of this data element is mandatory.

This data element is the end time for a particular service event item.

Service event item end date and time is used to calculate the duration of the service event item and/or service contact as applicable.

A service event can have one or many items.

For a single service event these items must be continuous and relate to the same client or event.

When a single service event consists of multiple continuous service event items the end and start times must be back to back to ensure accurate service contact reporting.

### Examples

	Service Event Item End Date and Time
A clinician records a 30-minute appointment for a client's clinical record keeping, commencing 01/08/2021 at 9am.	2021-08-01 09:30:00.000

### Related national definition

N/A

### Revision history

N/A

## Service Event Item Identifier

<b>Field name:</b>	service_event_item_identifier
<b>Source data element(s):</b>	[Service Event Item Identifier] – PSOLIS
<b>Definition:</b>	The unique identifier for each service event item recorded.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N(8)
<b>Permitted values:</b>	Unique numeric identifier

### Guide for use

Collection of this data element is mandatory.

This data element is the unique, system generated number assigned to each service event item created in PSOLIS.

A service event item is the lowest level that service event data is collected.

A single service event item consists of the item in question, such as assessment, depot injection, or clinical review.

The service event item identifier is particularly useful to identify all clients within the same group session as all clients listed as attending a group session will have one record each with matching service event item identifier, start and end times, health professionals, etc.

A service event can have one or many items.

For a single service event these items must be continuous and relate to the same client or event.

### Examples

	Service Event Item Identifier
A mental health client attends a face to face appointment on 01/08/2021, comprising three service event items, over a continuous period:	
(i) A clinical review, starting at 9am and finishing at 10am.	17959962
(ii) A consultation, starting at 10am and finishing at 11am.	17959963
(iii) Client assistance, starting at 11am and finishing at 11.15am.	17959964

	Service Event Item Identifier
Three clients are activated into a community rehabilitation program and a group session is recorded, with a service event item of 'Clinical reviews'. One service contact per client is recorded against this service event item, and all will share the same service event item identifier:	
Client – 10000001    Session type – Group	11785471
Client – 10000002    Session type – Group	11785471
Client – 10000003    Session type – Group	11785471

## Related national definition

N/A

## Revision history

N/A

## Service Event Item Start Date and Time

<b>Field name:</b>	service_event_item_start_datetime
<b>Source data element(s):</b>	[Service Event Item Start Date and Time] – PSOLIS
<b>Definition:</b>	The date and time the service event item commenced.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Datetime
<b>Format:</b>	YYYY-MM-DD HH:MM:SS
<b>Permitted values:</b>	Valid date and time

### Guide for use

Collection of this data element is mandatory.

This data element is the start time for a particular service event item.

Service event item start date and time is used to calculate the duration of the service event item and/or service contact as applicable.

A service event can have one or many items.

For a single service event these items must be continuous and relate to the same client or event.

When a single service event consists of multiple continuous service event items the end and start times must be back to back to ensure accurate service contact reporting.

### Examples

	Service Event Item Start Date and Time
A clinician records a 30-minute appointment for a client's clinical record keeping, commencing 01/08/2021 at 9am.	2021-08-01 09:00:00.000

### Related national definition

N/A

### Revision history

N/A

## Staff Full Name

<b>Field name:</b>	staff_full_name
<b>Source data element(s):</b>	[Staff Full Name] – PSOLIS
<b>Definition:</b>	The name of the staff member with PSOLIS access.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	String
<b>Format:</b>	X[X(149)]
<b>Permitted values:</b>	Alphanumeric combination

## Guide for use

Collection of this data element is mandatory.

## Examples

	Staff Full Name
A staff member is provided with read only access to PSOLIS.	Joe Citizen

## Related national definition

N/A

## Revision history

N/A

## Staff HE Number

<b>Field name:</b>	staff_he_number
<b>Source data element(s):</b>	[Staff HE Number] – PSOLIS
<b>Definition:</b>	The health employee (HE) number of the staff member with PSOLIS access.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	String
<b>Format:</b>	X([X(9)])
<b>Permitted values:</b>	Valid HE number

## Guide for use

Collection of this data element is mandatory.

## Examples

	Staff HE Number
A staff member is provided with read only access to PSOLIS.	HE888880

## Related national definition

N/A

## Revision history

N/A



## Staff User ID

<b>Field name:</b>	staff_user_id
<b>Source data element(s):</b>	[Staff User ID] – PSOLIS
<b>Definition:</b>	The unique identifier for each PSOLIS user.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N(8)
<b>Permitted values:</b>	Unique numeric identifier

## Guide for use

Collection of this data element is mandatory.

This data element is the unique, constant, system generated identifier assigned to each PSOLIS user.

## Examples

	Staff User ID
Staff member Joe Citizen, HE888880, logs in to PSOLIS.	10423362

## Related national definition

N/A

## Revision history

N/A

## Stream

<b>Field name:</b>	establishment_mh_stream
<b>Source data element(s):</b>	[Stream] – PSOLIS
<b>Definition:</b>	The specialised mental health program providing care to the client.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	String
<b>Format:</b>	X(150)
<b>Permitted values:</b>	As per Appendix B – Stream codes

## Guide for use

Collection of this data element is conditional – stream must be collected if the client is activated.

The stream reported must be a valid stream as per the list detailed in Appendix B of this document.

## Examples

	Stream
A client is activated into the Alma Street Adult Outpatients program.	Fremantle Adult

## Related national definition

N/A

## Revision history

N/A

## Stream Code

<b>Field name:</b>	establishment_mh_stream_code
<b>Source data element(s):</b>	[Stream Code] – PSOLIS
<b>Definition:</b>	Numeric identifier for the specialised mental health program providing care to the client.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Numeric
<b>Format:</b>	NNN
<b>Permitted values:</b>	As per Appendix B – Stream codes

## Guide for use

Collection of this data element is conditional – stream code must be collected if the client is activated.

The stream code reported must be a valid code as per the list detailed in Appendix B of this document.

## Examples

	Stream Code
A client is activated into the Alma Street Adult Outpatients program.	5

## Related national definition

N/A

## Revision history

N/A

## Stream Type

<b>Field name:</b>	establishment_mh_stream_type_code
<b>Source data element(s):</b>	[Stream Type] – PSOLIS
<b>Definition:</b>	Identifier of the stream type for the specialised mental health programs providing care to the client.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	1 – Child and adolescent 2 – Adult 3 – Elderly 4 – PET (Psychiatric Emergency Team) 5 – SARC (Sexual Assault Resource Centre) 6 – Youthlink

## Guide for use

Collection of this data element is conditional – stream type must be collected if the client is activated.

This data element represents the stream type of the specialised mental health programs providing care to the mental health client.

Mental health services are defined by the broad age groups of clients they service. These groupings are Child & Adolescent (ages 0-17), Adult/General (ages 18-64), and Older Adult (ages 65 and over).

The services provided are not defined or restricted by the actual age of a client. For example, a client who is 60 years of age may be serviced by the Older Adult stream type.

The MHDC does not collect SARC data and records for this stream type must not be present.

## Examples

	Stream Type
A client is activated into a community outpatient program applicable to adults.	2 - Adult

## Related national definition

N/A

## Revision history

N/A

## Venue

<b>Field name:</b>	venue_code
<b>Source data element(s):</b>	[Venue] – PSOLIS
<b>Definition:</b>	Numeric identifier for the type of venue where the service event item took place.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N(2)
<b>Permitted values:</b>	<ul style="list-style-type: none"> <li>1 – Clinic</li> <li>2 – Community centre</li> <li>3 – Court</li> <li>4 – Education facility</li> <li>5 – Emergency department</li> <li>6 – Entertainment venue</li> <li>7 – General hospital</li> <li>8 – GP surgery</li> <li>9 – Group home</li> <li>10 – Home/private dwelling</li> <li>11 – Hostel</li> <li>12 – Inhouse school</li> <li>13 – Lock up</li> <li>14 – Nursing home</li> <li>15 – Police station</li> <li>16 – Prison</li> <li>17 – Psychiatric hospital</li> <li>18 – Public space</li> <li>19 – Rehab centre</li> <li>20 – Other government organisation</li> <li>21 – General hospital outpatient clinic</li> <li>22 – Neonatal intensive care unit</li> </ul>

## Guide for use

Collection of this data element is mandatory.

This identifier is used to represent the venue where the service event item took place, such as psychiatric hospital, nursing home or clinic.

This data element is useful for determining additional activity characteristics such as client liaison activity within hospitals.

## Examples

	Venue
A clinician records a service event item for travel time taken to a home visit.	10 – Home/private dwelling
A mental health client attends an assessment in a mental health clinic.	1 - Clinic

## Related national definition

N/A

## Revision history

N/A

## 10. NOCC and AMHCC clinical measures

The following section provides specific information about the National Outcomes and Casemix Collection (NOCC) and Australian Mental Health Care Classification (AMHCC) clinical measures data elements captured in the MHDC, including definitions, permitted values, guide for use, rules and operational examples.

All information relating to data elements in this data dictionary is specific to the MHDC, and caution should be taken if these data elements are compared with those of other data collections. Where relevant, related national definitions have been referenced.

## Assessment Scale

<b>Field name:</b>	assessment_scale_code
<b>Source data element(s):</b>	[Assessment Scale] – PSOLIS
<b>Definition:</b>	The specific assessment outcome measure included in the NOCC, as represented by a code.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N[N]
<b>Permitted values:</b>	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

## Guide for use

Collection of this data element is mandatory.

Assessment scale is the numerical code that represents the NOCC outcome measure used to assess the client's current health status at the collection occasion.

The NOCC protocol determines which instrument or measure is required, based on the setting, collection reason and stream (age group) of the mental health service program.



For more details on NOCC assessment scales refer to the Australian Mental Health Outcomes and Classification Network (AMHOCN) website: <https://www.amhocn.org/nocc-collection/nocc-measures>.

## Examples

	Assessment Scale
A client is activated and undergoes an HoNOS 65+ assessment	7 – HoNOS 65+
A client is activated and undergoes a CGAS assessment	2 – CGAS

## Related national definition

N/A

## Revision history

N/A

## Assessment Scale Version

<b>Field name:</b>	assessment_scale_version
<b>Source data element(s):</b>	[Assessment Scale Version] – PSOLIS
<b>Definition:</b>	The version of the NOCC instrument which has been used with the client, as represented by a code.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	String
<b>Format:</b>	XX[XXX]
<b>Permitted values:</b>	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

## Guide for use

Collection of this data element is mandatory.

Assessment scale version specifies the version of the instrument being used to assess the health status of the client.

The versions of the instruments to be used for each assessment are detailed below.

### Permitted value definitions

01 – CGAS

As described in Schaffer et al (1983) A children's global assessment scale (CGAS). *Archives of General Psychiatry*, 40, 1228-1231.

01 – FIHS

As described in Buckingham et al (1998) *Developing a Casemix Classification for Mental Health Services. Volume 2: Resource Materials*, Canberra: Commonwealth Department of Health and Family Services.

*A1 – HoNOS General adult version*

As described in Wing et al (1999) Health of the Nation Outcome Scales (HoNOS): Glossary for HoNOS score sheet. *British Journal of Psychiatry*, 174, 432-434.

*01 – HoNOSCA version*

As described in Gowers et al (1999) Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA): Glossary for HoNOSCA score sheet. *British Journal of Psychiatry*, 174, 428-433.

*G1 – HoNOS 65+ version*

As described in Burns et al (1999) Health of the Nation Outcome Scales for Elderly People (HoNOS 65+). *British Journal of Psychiatry*, 174, 424-427.

*M1 – Kessler 10+*

As specified by the Department of Health and Ageing and reproduced in *Mental Health National Outcomes and Casemix Collection: Overview of clinician rated and consumer self-report measures*, Department of Health and Ageing, Canberra, 2003.

*01 – LSP-16*

As described in Buckingham et al (1998) *Developing a Casemix Classification for Mental Health Services Volume 2: Resource Materials*, Canberra: Commonwealth Department of Health and Family Services.

*01 – RUG-ADL*

As described in Fries et al (1994) Refining a casemix measure for nursing homes. Resource Utilisation Groups (RUG-III). *Medical Care*, 32, 668-685.

**SDQ VERSIONS**

PC101 – Parent Report Measure 4-10 yrs., Baseline version, Australian Version 1

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

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

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

YR101 – Self report Version, 11-17 yrs., Baseline version, Australian Version 1

YR201 – Self report Version, 11-17 yrs., Follow Up version, Australian Version 1

Details of the above assessments has also been reproduced in *Mental Health National Outcomes and Casemix Collection: Overview of clinical and self-report measures and data items*, Commonwealth Department of Health and Ageing, Canberra, 2003.

## Examples

	Assessment Scale Version
A client is activated and undergoes an HoNOS 65+ assessment	G1
A client is activated and undergoes a CGAS assessment	01

## Related national definition

N/A

## Revision history

N/A

## Children’s Global Assessment Scale (CGAS)

<b>Field name:</b>	cgas
<b>Source data element(s):</b>	[CGAS] – PSOLIS
<b>Definition:</b>	An assessment to reflect the lowest level of functioning for a child or adolescent during a specified rating period, as represented by a single global rating only on a scale of 1-100.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	String
<b>Format:</b>	NNN
<b>Permitted values:</b>	<p>091 to 100: Superior functioning</p> <p>081 to 090: Good functioning in all areas</p> <p>071 to 080: No more than slight impairments in functioning</p> <p>061 to 070: Some difficulty in a single area but generally functioning pretty well</p> <p>051 to 060: Variable functioning with sporadic difficulties or symptoms in several but not all social areas</p> <p>041 to 050: Moderate degree of interference in functioning in most social areas or severe impairment of functioning in one area</p> <p>031 to 040: Major impairment of functioning in several areas and unable to function in one of these areas</p> <p>021 to 030: Unable to function in almost all areas</p> <p>011 to 020: Needs considerable supervision</p> <p>001 to 010: Needs constant supervision</p> <p>997: Unable to rate</p> <p>999: Not stated/missing</p>

### Guide for use

Collection of this data element is conditional – CGAS is only required for the child and adolescent stream type when the collection occasion is admission or review.

A valid CGAS measure must have one valid score recorded (Score: 1 - 100).

Clinicians assign a score, with 1 representing the most functionally impaired child, and 100 the highest functioning.

AMHOCN provides a guide to CGAS score ranges which indicates the type of service a

client would usually receive services from:

- 01 to 29 – specialist inpatient services or equivalent level of dependency
- 30 to 69 – specialist mental health services; ambulatory mental health care
- 70 to 100 – primary health care services; general practitioner; school counsellors

For more details on rating clients, refer to the CGAS section on the AMHOCN website:

<https://www.amhocn.org/publications/childrens-global-assessment-scale>

## Examples

	CGAS
A 12-year-old is admitted as an ambulatory mental health client.	Collected
A 15-year-old ambulatory mental health client is reviewed.	Collected

## Related national definition

N/A

## Revision history

N/A

## Collection Occasion

<b>Field name:</b>	collection_occasion_code
<b>Source data element(s):</b>	[Collection Occasion] – PSOLIS
<b>Definition:</b>	This identifies the occasion when the NOCC assessment is collected within a specified setting at an admission, review or discharge.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N[N]
<b>Permitted values:</b>	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)

## Guide for use

Collection of this data element is mandatory.

Collection occasion relates to a range of key events that may occur within the context of an episode of mental health care and indicates whether the occasion where the client has a NOCC collected is related to an admission to, review or discharge from an inpatient, community residential or ambulatory care setting.

Three collection occasions within an episode of mental health care are identified: admission, review and discharge.

Collection occasion is system driven (i.e. not selected by the user within PSOLIS) and is derived from the collection reason. In the community mental health setting these are:

Collection Occasion	Collection Reason
Activation	<ul style="list-style-type: none"> <li>• New referral</li> <li>• Transfer from other treatment setting of the same MH service</li> <li>• Activation – other</li> </ul>
Review	<ul style="list-style-type: none"> <li>• 3-month review</li> <li>• Review – MHPoC change</li> </ul>

	<ul style="list-style-type: none"> <li>• Review – other</li> </ul>
Deactivation	<ul style="list-style-type: none"> <li>• Discharge – other</li> <li>• Death</li> <li>• Transfer to other treatment setting of the same MH service</li> <li>• No further care</li> <li>• Planned deactivation</li> </ul>

The exception is when the collection reason selected is ‘planned deactivation’. The selection of this reason allows for completion of the NOCC prior to the assessment episode ending. This is considered a review (collection occasion) until the client is deactivated (within seven days of the NOCC collection).

Once deactivation is performed the collection occasion will be converted to discharge. If the deactivation does not occur within seven days of collection the collection occasion will remain as review.

## Examples

	Collection Occasion
A client is activated into a MH youth outpatient program, and a NOCC assessment is collected	2 - Activation

## Related national definition

N/A

## Revision history

N/A

## Collection Occasion Date

<b>Field name:</b>	assessment_collection_date
<b>Source data element(s):</b>	[Collection Occasion Date] – PSOLIS
<b>Definition:</b>	The reference date for all data collected at any given collection occasion, defined as the date on which the collection occasion (activation, review, deactivation) occurred.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Datetime
<b>Format:</b>	DDMMYYYY
<b>Permitted values:</b>	Valid date

### Guide for use

Collection of this data element is mandatory.

The collection occasion date should be distinguished from the actual date of completion of individual measures that are required at the specific occasion.

In practice, various measures may be completed by clinicians and clients over several days. For example, a clinician might complete a HoNOS and LSP during a review on the scheduled date, but to include client responses to the self-report measure they would most likely have asked the client to complete the measure at their last contact with them.

For national reporting and statistical purposes, a single date is required which ties all the standardised measures and other data items together in a single collection occasion.

### Examples

	Collection Occasion Date
A client is activated into a MH program and attends a review on 01/08/2020 where three assessments are collected: HoNOS, Kessler 10+ and LSP-16. All three of these measures share the same assessment collection date.	01082020

### Related national definition

N/A

### Revision history

N/A



## Collection Occasion Identifier

<b>Field name:</b>	nocc_collection_occasion_identifier
<b>Source data element(s):</b>	[Collection Occasion Identifier] – PSOLIS
<b>Definition:</b>	A unique identifier for each assessment collection occasion in a NOCC episode.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N(8)
<b>Permitted values:</b>	Unique numeric identifier

### Guide for use

Collection of this data element is mandatory.

This is a system generated identifier for every individual NOCC collection occasion.

The ID is used to identify and group all the individual NOCC assessment measures collected at the same occasion (activation, review or deactivation).

### Examples

	Collection Occasion Identifier
A client is activated into a MH youth outpatient program and attends a review on 01/08/2020 where three NOCC assessments are collected: HoNOS, Kessler 10+ and LSP-16. All three of these measures share the same assessment collection date.	20008581

### Related national definition

N/A

### Revision history

N/A

## Collection Occasion Reason

<b>Field name:</b>	collection_occasion_reason_code
<b>Source data element(s):</b>	[Collection Occasion Reason] – PSOLIS
<b>Definition:</b>	The reason for the collection of the standardised measures and individual data items on the identified collection occasion.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	NN
<b>Permitted values:</b>	03,11 – Admission – other 04,16 – 3-month review 05,17 – Review – other 06,12 – No further care 08,14 – Death 09,15 – Discharge – other 18,19 – New referral 20 – Reverse deactivation 21 – Reverse discharge 22 – Planned deactivation 23 – Planned discharge 24 – Non-NOCC collection 29,30 – Review – MHPoC change 31,32 – Transfer from other treatment setting 33,34 – Transfer to other treatment setting

### Guide for use

Collection of this data element is mandatory.

Collection occasion reason further describes the collection occasion and relates to a range of key events that may occur within an episode of mental health care.

#### Permitted value definitions

##### *18,19 – New referral*

Admission to a new inpatient, community residential or ambulatory episode of mental health care of a consumer not currently under the active care of the mental health service.

##### *31,32 – Transfer from other treatment setting*

Transfer of care between an inpatient, community residential or ambulatory setting of a consumer currently under the active care of the mental health service.

*03,11 – Admission - other*

Admission to a new inpatient, community residential or ambulatory episode of care for any reason other than defined above.

*04,16 – 3-month review*

Standard review conducted at 91 days following admission to the current episode of mental health care or 91 days subsequent to the preceding review.

*05,17 – Review - other*

Standard review conducted for reasons other than the above.

*06,12 – No further care*

Discharge from an inpatient, community residential or ambulatory episode of care of a consumer for whom no further care is planned by the mental health service.

*33,34 – Transfer to change of treatment setting*

Transfer of care between an inpatient, community residential or ambulatory setting of a consumer currently under the care of the mental health service.

*08,14 – Death*

Completion of an episode of mental health care following the death of the client.

*09,15 – Discharge - other*

Discharge from an inpatient, community residential or ambulatory episode of mental health care for any reason other than defined above.

*20 – Reverse deactivation*

Reversal of a client deactivation.

*21 – Reverse discharge*

Reversal of a client discharge.

*22 – Planned deactivation*

The planned deactivation of a client.

*23 – Planned discharge*

The planned discharge of a client.

*24 – Non-NOCC collection*

Collection of measures occasion is for non-NOCC collection reasons.

*29,30 – Review – MHPoC change*

Review due to change in the mental health phase of care.

## Examples

	Collection Occasion Reason
A client is referred and activated into a MH youth outpatient program and a NOCC assessment is collected.	18 – New referral
A client is deactivated from an outpatient program with no further treatment planned and a NOCC assessment is collected.	06 – No further care

## **Related national definition**

N/A

## **Revision history**

N/A

## Collection Status

<b>Field name:</b>	collection_status_raw_code
<b>Source data element(s):</b>	[Collection Status] – PSOLIS
<b>Definition:</b>	The completion status of a particular NOCC assessment measure entered, including the reason that the assessment measure was not completed (collected).
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N[N]
<b>Permitted values:</b>	<ul style="list-style-type: none"> <li>1 – Complete</li> <li>2 – Not completed due to temporary contraindication</li> <li>4 – Not completed due to general exclusion</li> <li>5 – Not completed due to refusal by the client</li> <li>7 – Not completed for reasons not elsewhere classified</li> <li>8 – Not completed due to protocol exclusion</li> <li>10 – Partially complete</li> <li>11 – Not completed due to cultural inappropriateness</li> <li>12 – Previous outcome measure is clinically relevant and accepted</li> <li>13 – Completed within last 7 days at different stream</li> <li>14 – Offered to client, awaiting response</li> <li>15 – Follow-up SDQ version used</li> <li>16 – Dismissed – automatic cleanup</li> <li>17 – Dismissed – manual program exclusion</li> <li>18 – Dismissed – manual user request</li> <li>19 – Dismissed – service split / amalgamation</li> <li>20 – Dismissed - restructure</li> </ul>

## Guide for use

Collection of this data element is mandatory.

Collection status describes the outcome of an assessment measure in terms of completion.

## Examples

	Collection Status
A client is referred to a MH program and a NOCC assessment is scheduled. However, the client refuses to complete the Kessler 10 (consumer rated measure).	5 – Not completed due to refusal by the client

## Related national definition

N/A

## Revision history

N/A

## Episode Identifier

<b>Field name:</b>	nocc_episode_identifier
<b>Source data element(s):</b>	[Episode Identifier] – PSOLIS
<b>Definition:</b>	Unique identifier for each NOCC episode of care.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N(8)
<b>Permitted values:</b>	Unique numeric identifier

## Guide for use

Collection of this data element is mandatory.

This is a system generated identifier for each NOCC episode (the complete period of treatment from admission/activation to discharge/deactivation).

This identifier is assigned to all NOCC assessment measures collected within a single episode of care.

## Examples

	Episode Identifier
A client is activated into a MH youth outpatient program and attends a review on 01/08/2020, where three NOCC assessments are collected: HoNOS, Kessler 10+ and LSP-16.  The client then attends a review on 01/11/2020 where the same three NOCC assessments are collected.  All six of these assessment measures share the same NOCC episode identifier.	12830

## Related national definition

N/A

## Revision history

N/A

## Episode Service Setting

<b>Field name:</b>	establishment_setting
<b>Source data element(s):</b>	[Episode Service Setting] – PSOLIS
<b>Definition:</b>	A category identifier to indicate whether the mental health episode of care took place in an inpatient, ambulatory or community residential setting.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	String
<b>Format:</b>	A
<b>Permitted values:</b>	I – Psychiatric inpatient service O – Ambulatory mental health service R – Community residential mental health service

### Guide for use

Collection of this data element is mandatory.

Episode service setting indicates whether the mental health care episode took place in the inpatient, ambulatory or community residential setting.

This data element helps determine which assessments will be required to be completed at each of the collection occasions within a NOCC episode, for a given age group (stream type) of mental health consumers.

#### Permitted value definitions

##### *I – Psychiatric inpatient service*

Refers to overnight care provided in public psychiatric hospitals and designated psychiatric units in public acute hospitals. Psychiatric hospitals are specialist mental health establishments that provide treatment and care of admitted patients with psychiatric, mental or behavioural disorders. Designated psychiatric units in a public acute hospital are staffed by health professionals with specialist mental health qualifications or training and have as their principal function the treatment and care of patients affected by mental disorder. For the purposes of NOCC specification, care provided by an ambulatory mental health service team to a person admitted to a designated special care suite or 'rooming-in' facility within a community general hospital for treatment of a mental or behavioural disorder is also included under this setting.

##### *O – Ambulatory mental health service*

Refers to non-admitted, non-residential services provided by health professionals with specialist mental health qualifications or training. Ambulatory mental health services include, for example, community-based crisis assessment and treatment teams, day programs, psychiatric outpatient clinics provided by either hospital or community-based services, child and adolescent outpatient and community teams, social and living skills programs and psychogeriatric assessment services. For the purposes of NOCC specification, care provided by hospital-based consultation-liaison services to admitted patients in non-psychiatric and emergency settings is also included under this setting.

##### *R – Community residential mental health service*



Refers to overnight care provided in residential units staffed on a 24-hour basis by health professionals with specialist mental health qualifications or training and established in a community setting which provides specialised treatment, rehabilitation or care for people affected by a mental illness or psychiatric disability. Psychogeriatric hostels and psychogeriatric nursing homes are included in this category. (Note: Community residential (Hampton Road) is currently recorded as an ambulatory program, so there are no 'R' values recorded in the data.)

## Examples

	Episode Service Setting
A client is activated into community care.	0

## Related national definition

N/A

## Revision history

N/A

## Factors Influencing Health Status (FIHS)

<b>Field name:</b>	item1 – item7
<b>Source data element(s):</b>	[FIHS] – PSOLIS
<b>Definition:</b>	An indicator of the presence of one or more factors impacting on the relationship between social interaction/environment with behaviour and thoughts which have a negative effect on an individual's psychological health and requires additional clinical input, as represented by a code.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	1 – Yes 2 – No 8 – Unknown 9 – Not stated/inadequately described

### Guide for use

Collection of this data element is conditional – this measure is only required for the child and adolescent stream type when the collection occasion is review or discharge.

The FIHS code set is derived from the FIHS chapter (Chapter 21) in ICD-10-AM and contains seven categories:

- maltreatment syndromes
- problems related to negative life events in childhood
- problems related to upbringing
- problems related to primary support group, including family circumstances
- problems related to social environment
- problems related to certain psychosocial circumstances
- problems related to other psychosocial circumstances.

The FIHS is a simple checklist used to indicate whether one or more psychosocial factors are present during an episode of care.

The purpose of the FIHS is to identify the degree to which the child or adolescent has complicating psychosocial factors that require additional clinical input during the episode of care.

These factors are important in understanding variations in outcomes and are based on advice by clinicians that children or adolescents seen by specialist mental health services may present in the context of a range of circumstances which influence the client's health

status but are not in themselves a current illness or injury. For example, the child may be severely affected by a history of sexual abuse but is being primarily being treated for depression.

Permitted value definitions
<p>1 – Yes</p> <p>This code is used to indicate the presence of the selected factor, as listed in the FIHS chapter in ICD-10-AM.</p>
<p>2 – No</p> <p>This code is used to indicate that the selected factor was not present, as listed in the FIHS chapter in ICD-10-AM.</p>
<p>8 – Unknown</p> <p>This code is used to indicate that it was not possible to determine the presence of the selected factor, as listed in the FIHS chapter in ICD-10-AM.</p>
<p>9 – Not stated/inadequately described</p> <p>This code is used to indicate that the presence of the selected factor, as listed in the FIHS chapter in ICD-10-AM, was not stated or was missing or where a response contained insufficient information to be coded to 1, 2 or 8.</p>

FIHS is only required for children and adolescents when the collection occasion is review or discharge.

The measure covers the period of care bound by both the current and preceding collection occasions.

There are two exceptions to these collection requirements.

If an ambulatory episode is closed because the client is being transferred to a bed-based treatment service setting of that organisation (i.e., psychiatric inpatient or community residential service), this measure is not collected at discharge from that ambulatory episode. Where possible, the clinician and client measure ratings for the admission NOCC in the inpatient unit or the community residential care setting are reported as the client’s discharge ratings from the ambulatory episode.

If an ambulatory episode is brief (where the number of days between admission to and discharge from the episode of care is 14 days or less duration), then this measure is not collected at discharge from that ambulatory episode.

In both situations details are still required, however, regarding principal and additional diagnoses and mental health legal status relevant to the ambulatory episode of care.

In accordance with the NOCC protocol, a valid FIHS measure must have 6 valid scores recorded (scores: 1 or 2). Valid scores must be recorded for each: FIHS1, FIHS2, FIHS3, FIHS4, FIHS5, FIHS6, and FIHS7.

## Examples

	FIHS measure
A 15-year-old ambulatory mental health client is discharged from ambulatory care, to the care of their GP, after a 23-day ambulatory episode of care.	Collected

A 9-year-old ambulatory mental health client is discharged from ambulatory care, to an inpatient facility of the organisation, after a 23-day ambulatory episode of care.	Not collected
A 13-year-old ambulatory mental health client is discharged from ambulatory care, to the care of their GP, after an 8-day ambulatory episode of care.	Not collected

## Related national definition

<https://meteor.aihw.gov.au/content/730840>

## Revision history

N/A

## Health of the Nation Outcome Scales (HoNOS)

<b>Field name:</b>	item1 – item12
<b>Source data element(s):</b>	[HoNOS] – PSOLIS
<b>Definition:</b>	A 12-item clinician-rated measure designed by the Royal College of Psychiatrists specifically for use in the assessment of consumer outcomes in mental health services.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	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

### Guide for use

Collection of this data element is conditional – HoNOS is only required for the adult stream type when the collection occasion is admission, review or discharge.

The HoNOS is a 12-item clinician-rated measure for use in the assessment of consumer outcomes in mental health services. The focus of the HoNOS is on health status and severity of symptoms. Ratings are made by clinicians based on their assessment of the consumer. In completing their ratings, the clinician makes use of a glossary which details the meaning of each point on the scale being rated.

HoNOS is answered on an item-specific 4-point scale with higher scores indicating more problems. Each scale is assigned a value between 0 and 4. The 12 scales are as follows:

- Behavioural disturbance
- Non-accidental self injury
- Problem drinking or drug use
- Cognitive problems
- Problems related to physical illness or disability
- Problems associated with hallucinations and delusions
- Problems associated with depressive symptoms
- Other mental and behavioural problems
- Problems with social or supportive relationships
- Problems with activities of daily living

- Overall problems with living conditions
- Problems with work and leisure activities and the quality of the daytime environment.

The sum of the individual scores of each of the scales (excluding supplementary value 8 – Unknown) represents the total HoNOS score. The total HoNOS score ranges from 0 to 48 and represents the overall severity of an individual's psychiatric symptoms.

For more details on rating clients (adults 65 years of age or younger) on each scale/item, refer to the AMHOCN website: <https://www.amhocn.org/nocc-collection/nocc-measures>

For community mental health care, HoNOS is only required for persons aged 18 to 64 years when the collection occasion is admission, review or discharge.

The measure covers the previous two weeks.

### Exceptions to collection requirements

If an ambulatory episode is closed because the consumer is being transferred to a bed-based treatment service setting of that organisation (i.e., psychiatric inpatient or community residential service), this measure is not collected at discharge from that ambulatory episode. (Where possible, the clinician and consumer measure ratings for the admission NOCC in the inpatient unit or the community residential care setting are reported as the consumer's discharge ratings from the ambulatory episode).

If an ambulatory episode is brief (those where the number of days between admission to and discharge from the episode of care is 14 days or less duration), then this measure is not collected at discharge from that ambulatory episode.

For the exceptions above, details are still required to be recorded for principal and additional diagnoses and mental health legal status relevant to the episode of care.

## Examples

	HoNOS
A 42-year-old ambulatory mental health client is reviewed.	Collected
A 58-year-old ambulatory mental health client is discharged from ambulatory care, to an inpatient facility of the organisation, after a 23-day ambulatory episode of care.	Not collected
A 46-year-old ambulatory mental health client is discharged from ambulatory care, to the care of their GP, after a 23-day ambulatory episode of care.	Collected
A 51-year-old ambulatory mental health client is discharged from ambulatory care, to the care of their GP, after an 8-day ambulatory episode of care.	Not collected

## Related national definition

<https://meteor.aihw.gov.au/content/717795>

## Revision history

N/A

## Health of the Nation Outcome Scales 65+ (HoNOS 65+)

<b>Field name:</b>	item1 – item12
<b>Source data element(s):</b>	[HoNOS 65+] – PSOLIS
<b>Definition:</b>	A variant of the HoNOS designed for use with adults aged 65 years and older. It is a 12-item clinician-rated measure designed specifically for use in the assessment of older adult consumer outcomes.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No problems within the period rated 1 – Minor problem requiring no action 2 – Mild problem but definitely present 3 – Moderately severe problem 4 – Severe to very severe problem

### Guide for use

Collection of this data element is conditional – HoNOS 65+ is only required for the older adult stream type when the collection occasion is admission, review or discharge.

The HoNOS 65+ is a 12-item clinician-rated measure for use in the assessment of consumer outcomes in mental health services. The focus of the HoNOS 65+ is on health status and severity of symptoms. Ratings are made by clinicians based on their assessment of the consumer. In completing their ratings, the clinician makes use of a glossary which details the meaning of each point on the scale being rated.

HoNOS 65+ is an item-specific 4-point scale with higher scores indicating more problems. Each scale is assigned a value between 0 and 4. The 12 scales are as follows:

- behavioural disturbance
- non-accidental self injury
- problem drinking or drug use
- cognitive problems
- problems related to physical illness or disability
- problems associated with hallucinations and delusions
- problems associated with depressive symptoms
- other mental and behavioural problems
- problems with social or supportive relationships
- problems with activities of daily living

- overall problems with living conditions
- problems with work and leisure activities and the quality of the daytime environment.

The sum of the individual scores of each of the scales (excluding supplementary value 8 Unknown) represents the total HoNOS 65+ score. The total HoNOS 65+ score ranges from 0 to 48 and represents the overall severity of an individual's psychiatric symptoms.

For more details on rating clients (adults 65 years of age and older) on each scale/item, refer to the AMHOCN website: <https://www.amhocn.org/nocc-collection/nocc-measures>

For community mental health care, HoNOS 65+ is only required for persons aged 65 years and older when the collection occasion is admission, review or discharge.

The measure covers the previous two weeks.

#### Exceptions to collection requirements

If an ambulatory episode is closed because the consumer is being transferred to a bed-based treatment service setting of that organisation (i.e., psychiatric inpatient or community residential service), this measure is not collected at discharge from that ambulatory episode. (Where possible, the clinician and consumer measure ratings for the admission NOCC in the inpatient unit or the community residential care setting are reported as the consumer's discharge ratings from the ambulatory episode).

If an ambulatory episode is brief (those where the number of days between admission to and discharge from the episode of care is 14 days or less duration), then this measure is not collected at discharge from that ambulatory episode.

For the exceptions above, details are still required to be recorded for principal and additional diagnoses and mental health legal status relevant to the episode of care.

## Examples

	HoNOS 65+
A 65-year-old ambulatory mental health client is reviewed.	Collected
An 82-year-old ambulatory mental health client is discharged from ambulatory care, to an inpatient facility of the organisation, after a 23-day ambulatory episode of care.	Not collected
A 78-year-old ambulatory mental health client is discharged from ambulatory care, to the care of their GP, after a 23-day ambulatory episode of care.	Collected
A 91-year-old ambulatory mental health client is discharged from ambulatory care, to the care of their GP, after an 8-day ambulatory episode of care.	Not collected

## Related national definition

<https://meteor.aihw.gov.au/content/730844>

## Revision history

N/A



## HoNOS for Children and Adolescents (HoNOSCA)

<b>Field name:</b>	item1 – item15
<b>Source data element(s):</b>	[HoNOSCA] – PSOLIS
<b>Definition:</b>	A variant of the HoNOS designed for use with children and adolescents. It is a 15-item clinician-rated measure designed specifically for use in the assessment of child and adolescent consumer outcomes in mental health services.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No problems within the period rated 1 – Minor problem requiring no action 2 – Mild problem but definitely present 3 – Moderately severe problem 4 – Severe to very severe problem

### Guide for use

Collection of this data element is conditional – HoNOSCA is only required for the child and adolescent stream type when the collection occasion is admission, review or discharge.

The HoNOSCA is a 15-item clinician-rated measure for use in the assessment of consumer outcomes in mental health services. The focus of the HoNOSCA is on health status and severity of symptoms. Ratings are made by clinicians based on their assessment of the consumer. In completing their ratings, the clinician makes use of a glossary which details the meaning of each point on the scale being rated.

HoNOSCA is answered on an item-specific 4-point scale with higher scores indicating more problems. Each scale is assigned a value between 0 and 4. The 15 scales are:

- Disruptive, antisocial or aggressive behaviour
- Overactivity attention and concentration
- Non-accidental self injury
- Alcohol, substance/solvent misuse
- Scholastic or language skills
- Physical illness or disability problems
- Hallucinations and delusions
- Non-organic somatic symptoms
- Emotional and related symptoms

- Peer relationships
- Self care and independence
- Family life and relationships
- Poor school attendance
- Lack of knowledge - nature of difficulties
- Lack of information - services/management.

The sum of the individual scores of each of the scales (excluding supplementary value 8 Unknown) from 1 to 15 represents the total HoNOSCA score. The total HoNOSCA score represents the overall severity of an individual's psychiatric symptoms.

For more details on rating clients (17 years of age and younger) on each scale/item, refer to the AMHOCN website: <https://www.amhocn.org/nocc-collection/nocc-measures>

For community mental health care, HoNOSCA is only required for persons aged 17 years and younger when the collection occasion is admission, review or discharge.

The measure covers the previous two weeks.

#### Exceptions to collection requirements

If an ambulatory episode is closed because the consumer is being transferred to a bed-based treatment service setting of that organisation (i.e., psychiatric inpatient or community residential service), this measure is not collected at discharge from that ambulatory episode. (Where possible, the clinician and consumer measure ratings for the admission NOCC in the inpatient unit or the community residential care setting are reported as the consumer's discharge ratings from the ambulatory episode).

If an ambulatory episode is brief (those where the number of days between admission to and discharge from the episode of care is 14 days or less duration), then this measure is not collected at discharge from that ambulatory episode.

For the exceptions above, details are still required to be recorded for principal and additional diagnoses and mental health legal status relevant to the episode of care.

## Examples

	HoNOSCA
A 12-year-old ambulatory mental health client is reviewed.	Collected
A 9-year-old ambulatory mental health client is discharged from ambulatory care, to an inpatient facility of the organisation, after a 23-day ambulatory episode of care.	Not collected
A 12-year-old ambulatory mental health client is discharged from ambulatory care, to the care of their GP, after a 23-day ambulatory episode of care.	Collected
A 14-year-old ambulatory mental health client is discharged from ambulatory care, to the care of their GP, after an 8-day ambulatory episode of care.	Not collected

## Related national definition

<https://meteor.aihw.gov.au/content/717784>

## Revision history

N/A

## Kessler (K10+) Score

<b>Field name:</b>	item1 – item10
<b>Source data element(s):</b>	[Kessler (K10+) Score] – PSOLIS
<b>Definition:</b>	The level of psychological distress experienced by a person in the four weeks prior to interview, as represented by a code
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	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

## Guide for use

Collection of this data element is conditional – K10+ is only required for the adult and older adult stream types when the collection occasion is admission, review or discharge.

The K10 is a 10-item self-report questionnaire designed to yield a global measure of non-specific psychological distress based on questions about the level of nervousness, agitation, psychological fatigue and depression in the relevant rating period.

The K10+ contains four additional questions to assess functioning and related factors, but these items do not get used in the overall score.

The 10 categories of questions are as follows:

- Feeling tired
- Feeling nervous
- Nervousness that nothing could calm it down
- Feeling hopeless
- Feeling restless or fidgety
- Restlessness that you could not sit still
- Feeling depressed
- Feeling that everything was an effort
- Feeling sad and nothing cheered you up
- Feeling worthless

For more details on rating clients on each scale/item, refer to the AMHOCN website: <https://www.amhocn.org/nocc-collection/nocc-measures>

For community mental health care, K10+ is only required for adults and older adults when the collection occasion is admission, review or discharge.

The standard rating period in Australia for the K10+ is the last four weeks. The score range is from 10 to 50, with lower scores indicating lower levels of distress.

The measure covers the previous two weeks.

#### Exceptions to collection requirements

If an ambulatory episode is closed because the consumer is being transferred to a bed-based treatment service setting of that organisation (i.e., psychiatric inpatient or community residential service), this measure is not collected at discharge from that ambulatory episode. (Where possible, the clinician and consumer measure ratings for the admission NOCC in the inpatient unit or the community residential care setting are reported as the consumer's discharge ratings from the ambulatory episode).

If an ambulatory episode is brief (those where the number of days between admission to and discharge from the episode of care is 14 days or less duration), then this measure is not collected at discharge from that ambulatory episode.

For the exceptions above, details are still required to be recorded for principal and additional diagnoses and mental health legal status relevant to the episode of care.

#### Special considerations

The classification of client self-report measures as mandatory is intended only to indicate the expectation that clients will be invited to complete self-report measures at the specified collection occasions, not that such measures will always be appropriate.

Due to the nature and severity of their mental health or other problems, it is likely that some clients should never be asked to complete self-report measures, others may not be able to complete the self-report measures at the scheduled occasion, whilst still others may sometimes find completion of the self-report measures to be difficult or stressful.

In all cases, clinical judgement as to the appropriateness of inviting the client to complete the measures must be the determining factor at any given collection occasion. Where collection of client self-report measures is contraindicated, the reasons must be recorded.

Some persons may not be able to complete the measures at any time and should not be asked to do so. A definitive list of circumstances in which a general exclusion applies is beyond the scope of this document but broadly it would include situations where:

- the person's cognitive functioning is insufficient to enable understanding of the task as a result of an organic mental disorder or an intellectual disability;
- cultural, language and/or literacy issues make the measures inappropriate.

Under certain conditions, a client may not be able to complete the measure at a specific collection occasion. Circumstances where it may be appropriate to refrain from inviting the person to complete the measure include:

- where the client's current clinical state is of sufficient severity to make it unlikely that their responses to a self-report questionnaire could be obtained, or that if their responses were obtained it would be unlikely that they were a reasonable indication of the person's feelings and thoughts about their current emotional and behavioural problems and wellbeing;
- where an invitation to complete the measures is likely to be experienced as distressing or require a level of concentration and effort the person feels unable to

give; or

- where clients in crisis are too distressed to complete the measure.

In these circumstances clients need not be invited to complete the measures. At all other times, an attempt must be made to obtain their responses.

In many cases, the severity of the person's clinical state and the degree of family distress experienced will diminish with appropriate treatment and care. It is suggested that, if within a period of up to seven days following the collection occasion in an ambulatory care setting the client is likely to be able to complete the measure then their responses should be sought at that time. Otherwise, no further attempt to administer the measure at that collection occasion should be made.

## Examples

	K10+
A 33-year-old ambulatory mental health client is being reviewed. The clinical judgement at this time is that a request to complete the K10+ will cause the client distress.	Not collected
A 26-year-old ambulatory mental health client is being reviewed. The clinical judgement at this time is that a request to complete the K10+ is appropriate.	Collected
An 82-year-old ambulatory mental health client is discharged from ambulatory care, to an inpatient facility of the organisation, after a 23-day ambulatory episode of care.	Not collected
A 74-year-old ambulatory mental health client is discharged from ambulatory care, to the care of their GP, after a 23-day ambulatory episode of care.	Collected

## Related national definition

<https://meteor.aihw.gov.au/content/634094>

## Revision history

N/A

## Life Skills Profile Score (LSP-16)

<b>Field name:</b>	item1 – item16
<b>Source data element(s):</b>	[LSP-16 Score] – PSOLIS
<b>Definition:</b>	Level of difficulty with activities in a life area
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – Score of 0 1 – Score of 1 2 – Score of 2 3 – Score of 3 7 – Unable to rate 9 – Not stated/missing

### Guide for use

Collection of this data element is conditional – LSP-16 is only required for adults and older adults when the collection occasion is admission, review or discharge.

LSP-16 contains 16 items which provide a measure of function and disability in people with mental illness. It focuses on general functioning, i.e. how a person functions in terms of social relationships, ability to do day-to-day tasks etc. Each item is scored on a scale of 0 to 3. Lower scores indicate a higher level of functioning. The 16 items are:

1. Does this person generally have any difficulty with initiating and responding to conversation?
2. Does this person generally withdraw from social contact?
3. Does this person generally show warmth to others?
4. Is this person generally well groomed (e.g. neatly dressed, hair combed)?
5. Does this person wear clean clothes generally, or ensure they are cleaned if dirty?
6. Does this person generally neglect her or his physical health?
7. Is this person violent to others?
8. Does this person generally make and/or keep up friendships?
9. Does this person generally maintain an adequate diet?
10. Does this person generally look after and take her or his own prescribed medication (or attend for prescribed injections on time) without reminding?
11. Is this person willing to take psychiatric medication when prescribed by a doctor?
12. Does this person co-operate with health services (e.g. doctors and/or other health workers)?
13. Does this person generally have problems (e.g. friction, avoidance) living with others in the household?
14. Does this person behave offensively (includes sexual behaviour)?
15. Does this person behave irresponsibly?
16. What sort of work is this person generally capable of (even if unemployed, retired or doing unpaid domestic duties)?

For more details on rating clients on each scale/item, refer to the AMHOCN website: <https://www.amhocn.org/nocc-collection/nocc-measures>

For community mental health care, LSP-16 is only required for the adult and older adult stream types when the collection occasion is admission, review or discharge.

The standard rating period in Australia for the LSP-16 is the previous three months.

#### Exceptions to collection requirements

If an ambulatory episode is closed because the consumer is being transferred to a bed-based treatment service setting of that organisation (i.e., psychiatric inpatient or community residential service), this measure is not collected at discharge from that ambulatory episode. (Where possible, the clinician and consumer measure ratings for the admission NOCC in the inpatient unit or the community residential care setting are reported as the consumer's discharge ratings from the ambulatory episode).

If an ambulatory episode is brief (those where the number of days between admission to and discharge from the episode of care is 14 days or less duration), then this measure is not collected at discharge from that ambulatory episode.

For the exceptions above, details are still required to be recorded for principal and additional diagnoses and mental health legal status relevant to the episode of care.

## Examples

	LSP-16
A 26-year-old ambulatory mental health client is being reviewed.	Collected
An 85-year-old ambulatory mental health client is discharged from ambulatory care, to an inpatient facility of the organisation, after a 2-month ambulatory episode of care.	Not collected
A 62-year-old ambulatory mental health client is discharged from ambulatory care, to the care of their GP, after a 2-month ambulatory episode of care.	Collected
A 50-year-old ambulatory mental health client is discharged from ambulatory care, to the care of their GP, after an 8-day ambulatory episode of care.	Not collected

## Related national definition

<https://meteor.aihw.gov.au/content/654401>

## Revision history

N/A

## Phase End Date and Time

<b>Field name:</b>	phase_end_datetime
<b>Source data element(s):</b>	[Phase End Date and Time] – PSOLIS
<b>Definition:</b>	The date and time on which the client completes a phase of mental health care.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Datetime
<b>Format:</b>	YYYY-MM-DD HH:MM:SS
<b>Permitted values:</b>	Valid date and time

### Guide for use

Collection of this data element is conditional – phase end date and time must be recorded if a phase of mental health care has been recorded.

This is the end date for the phase. It may or may not be equivalent to the original date of discharge/deactivation from the mental health care program.

### Examples

	Phase End Date and Time
A client is reviewed and it is determined that a change in the mental health care phase is warranted. The client's phase is changed on 01/10/2023 at 2pm.	2023-10-01 14:00:00

### Related national definition

<https://meteor.aihw.gov.au/content/575248>

### Revision history

N/A



## Phase of Care

<b>Field name:</b>	phase_of_care
<b>Source data element(s):</b>	[Phase of Care] – PSOLIS
<b>Definition:</b>	Identifies the intended primary goal of care for the period of treatment recorded at the time of NOCC collection.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	1 – Acute 2 – Functional gain 3 – Intensive extended 4 – Consolidating gain 5 – Assessment only 9 – Not reported

## Guide for use

Collection of this data element is conditional – phase of care is only required for the child and adolescent, adult and older adult stream types in the ambulatory setting when the collection occasion is admission or review.

Phase of care is a prospective description of the primary goal of care in the client's mental health treatment plan at the point in time when the data is being reported and refers to the next stage of the client's care.

While it is recognised that there may be aspects of each mental health phase of care represented in the client's mental health plan, the phase of care is intended to identify the main goal or aim that will underpin the next period of care.

Note: this data element was introduced in December 2017, replacing Focus of Care.

### Permitted value definitions

#### *1 – Acute*

The primary goal is the short-term reduction in severity of symptoms and/or personal distress associated with the recent onset or exacerbation of a psychiatric disorder.

#### *2 – Functional gain*

The primary goal is to improve personal, social or occupational functioning or promote psychosocial adaptation in a patient with impairment arising from a psychiatric disorder.

#### *3 – Intensive extended*

The primary goal is prevention or minimisation of further deterioration, and reduction of risk of harm in a patient who has a stable pattern of severe symptoms, frequent relapses or severe inability to function independently and is judged to require care over an indefinite period.

#### 4 – Consolidating gain

The primary goal is to maintain the level of functioning, or improve functioning during a period of recover, minimise deterioration or prevent relapse where the patient has stabilised and functions relatively independently.

#### 5 – Assessment only

The primary goal is to obtain information, including collateral information where possible, to determine the intervention/treatment needs and to arrange for this to occur (includes brief history, risk assessment, referral to treating team or other service).

Collection of the phase of care will be required on activation into an ambulatory service and collection will be stream based. Phase of care may be reviewed at any point during the activation and will similarly be mandatory on review collection occasions.

Phase of care is collected as part of the AMHCC requirements and recorded in the client record in PSOLIS.

When an AMHCC instrument collection is triggered by the start of a new phase of care all NOCC instruments required for that setting and age group are also to be collected.

PSOLIS will indicate and enforce the mandatory outcome measures instruments for the NOCC collection depending on:

- assessment episode (inpatient or outpatient)
- stream type (adult, CAMHS or elderly)
- collection occasion type (admission/activation, review or discharge/deactivation).

## Examples

	Phase of Care
A client is activated into a youth outpatient program for assessment purposes.	5 – Assessment only
A client undergoing treatment to improve social functioning attends a review.	2 – Functional gain

## Related national definition

<https://meteor.aihw.gov.au/content/682464>

## Revision history

N/A

## Phase Start Date and Time

<b>Field name:</b>	phase_start_datetime
<b>Source data element(s):</b>	[Phase Start Date and Time] – PSOLIS
<b>Definition:</b>	The date and time on which a mental health care phase commences.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Datetime
<b>Format:</b>	YYYY-MM-DD HH:MM:SS
<b>Permitted values:</b>	Valid date and time

### Guide for use

Collection of this data element is conditional – phase start date and time must be recorded if a phase of mental health care has been recorded.

This is the start date for the phase. It may or may not be equivalent to the original date of admission/activation to the mental health care program.

### Examples

	Phase Start Date and Time
A mental health client is activated into a MH Youth Outpatient program on 20/07/2023 at 2pm for assessment purposes.	2023-07-20 14:00:00

### Related national definition

<https://meteor.aihw.gov.au/content/575253>

### Revision history

N/A

## Resource Utilisation Groups–Activities of Daily Living (RUG-ADL) Score

<b>Field name:</b>	item1 – item4
<b>Source data element(s):</b>	[RUG-ADL Score] – PSOLIS
<b>Definition:</b>	An assessment of patient motor function
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	<p><i>Scoring scale for bed mobility, toileting and transfers:</i></p> <p>1 – Independent or supervision only</p> <p>3 – Limited physical assistance</p> <p>4 – Other than two persons physical assist</p> <p>5 – Two or more persons physical assist</p> <p><i>Scoring scale for eating:</i></p> <p>1 – Independent or supervision only</p> <p>2 – Limited assistance</p> <p>3 – Extensive assistance/total dependence/tube fed</p>

### Guide for use

Collection of this data element is conditional – Resource Utilisation Groups–Activities of Daily Living (RUG-ADL) is only required for the older adult stream type in the inpatient or community residential settings when the collection occasion is admission or review.

RUG-ADL is a clinical assessment tool that measures the level of functional dependence of a patient for four activities of daily living. The values assigned provide an indication of what a person actually does, not what they are capable of doing.

RUG-ADL measures the motor function of a patient for four activities of daily living:

- Bed mobility
- Toileting
- Transfers
- Eating

RUG-ADL measures ability with respect to ‘late loss’ activities – ‘early loss’ activities (e.g. managing finances, social relationships, grooming) are included in the LSP.

As a general rule, the higher the total RUG-ADL score the more dependent and potentially clinically complex the patient is.

For more details on scoring and interpreting the RUG-ADL, refer to the AMHOCN website: <https://www.amhocn.org/nocc-collection/nocc-measures>

## **Permitted value definitions**

### Bed Mobility

Ability to move in bed after the transfer into bed has been completed.

#### *1 – Independent or supervision only*

Able to readjust position in bed, and perform own pressure area relief, through spontaneous movement around bed or with prompting from carer. No hands-on assistance required. May be independent with the use of a device.

#### *3 – Limited physical assistance*

Able to readjust position in bed, and perform own pressure area relief, with the assistance of one person.

#### *4 – Other than two persons physical assist*

Requires the use of a hoist or other assistive device to readjust position in bed and provide pressure relief. Still requires the assistance of one person for task.

#### *5 – Two or more persons physical assist*

Requires two or more assistants to readjust patient's position in bed, and perform pressure area relief.

### Toileting

Includes mobilising to the toilet, adjustment of clothing before and after toileting and maintaining perineal hygiene without the incidence of incontinence or soiling of clothes. If level of assistance differs between voiding and bowel movement, record the lower performance.

#### *1 – Independent or supervision only*

Able to mobilise to toilet, adjusts clothing, cleans self, has no incontinence or soiling of clothing. All tasks are performed independently or with prompting from carer. No hands-on assistance required. May be independent with the use of a device.

#### *3 – Limited physical assistance*

Requires hands-on assistance of one person for one or more of the tasks.

#### *4 – Other than two persons physical assist*

Requires the use of a catheter/uridome/urinal and/or colostomy/bedpan/commode chair and/or insertion of enema/suppository. Requires assistance of one person for management of the device

#### *5 – Two or more persons physical assist*

Requires two or more assistants to perform any step of the task.

### Transfers

Includes the transfer in and out of bed, bed to chair, in and out of shower/tub. Record the lowest performance of the day/night.

#### *1 – Independent or supervision only*

Able to perform all transfers independently or with prompting of carer. No hands-on assistance required. May be independent with the use of a device.

#### *3 – Limited physical assistance*

Requires hands-on assistance of one person to perform any transfer of the day/night.

#### *4 – Other than two persons physical assist*

Requires the use of a device for any of the transfers performed in the day/night. Requires only one person plus a device to perform the task.

#### *5 – Two or more persons physical assist*

Requires two or more assistants to perform any transfer of the day/night.

### Eating

Includes the tasks of cutting food, bringing food to mouth and chewing and swallowing food. Does not include preparation of the meal.

#### *1 – Independent or supervision only*

Able to cut, chew and swallow food, independently or with supervision, once meal has been presented in the customary fashion. No hands-on assistance required. If individual relies on parenteral or gastrostomy feeding that he/she administers him/herself then score 1.

#### *2 – Limited assistance*

Requires hands on assistance of one person to set up or assist in bringing food to the mouth and/or requires food to be modified (soft or staged diet).

#### *3 – Extensive assistance/total dependence/tube fed*

Needs to be fed meal by assistant, or does not eat or drink full meals by mouth but relies on parenteral/gastrostomy feeding and does not administer feeds by him/herself.

A score of 2 is not valid for bed mobility, toileting and transfer items.

The total RUG-ADL score (the sum of the individual scale items) must be a value between 4 and 18.

A person with a total RUG-ADL score of 4 is considered independent. A person with a total RUG-ADL score of 18 requires the full assistance of two people.

## Examples

	RUG-ADL
A 46-year-old mental health patient is reviewed.	Not collected
A 67-year-old patient is admitted as an ambulatory mental health patient.	Not collected
An 85-year-old is admitted as a mental health inpatient.	Collected
A 72-year-old community residential patient is reviewed.	Collected
A 76-year-old mental health inpatient is discharged.	Not collected

## Related national definition

<https://meteor.aihw.gov.au/content/495909>

## Revision history

N/A

## Strengths and Difficulties Questionnaire (SDQ) Score

<b>Field name:</b>	item1 – item42
<b>Source data element(s):</b>	[SDQ Score] – PSOLIS
<b>Definition:</b>	A behavioural screening questionnaire designed for 4 to 17-year-olds.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	<p><i>Item1 – item25</i></p> <p>0 – Not true</p> <p>1 – Somewhat true</p> <p>2 – Certainly true</p> <p><i>Item26</i></p> <p>0 – No</p> <p>1 – Yes - minor difficulties</p> <p>2 – Yes - definite difficulties</p> <p>3 – Yes - severe difficulties</p> <p><i>Item27</i></p> <p>0 – Less than a month</p> <p>1 – 1-5 months</p> <p>2 – 6-12 months</p> <p>3 – Over a year</p> <p><i>Item28 – item33, item35</i></p> <p>0 – Not at all</p> <p>1 – A little</p> <p>2 – A medium amount</p> <p>3 – A great deal</p> <p><i>Item34</i></p> <p>0 – Much worse</p> <p>1 – A bit worse</p> <p>2 – About the same</p> <p>3 – A bit better</p> <p>4 – Much better</p>

*Item36 – item42*

0 – No

1 – A little

2 – A lot

## Guide for use

Collection of this data element is conditional – Strengths and Difficulties Questionnaire (SDQ) is only required for the child and adolescent stream type when the collection occasion is admission, review or discharge.

There are six versions of the SDQ (parent report and youth self-report) currently specified for NOCC reporting with an additional four versions (teacher report) that may be of use at the clinical level.

Baseline versions are used at admission, while follow-up versions are used at

The versions specified for NOCC reporting are:

- PC101 – Parent Report Measure 4-10 yrs, Baseline version
- PC201 – Parent Report Measure 4-10 yrs, Follow Up version
- PY101 – Parent Report Measure 11-17 yrs, Baseline version
- PY201 – Parent Report Measure 11-17 yrs, Follow Up version
- YR101 – Youth Self-report Measure 11-17 yrs, Baseline version
- YR201 – Youth Self-report Measure 11-17 yrs, Follow Up version

For more details on scoring and interpreting the SDQ, refer to the [AMHOCN website](#).

There are three issues to be aware of in the collection of the SDQ. The first is the exceptions to collection requirements, the second is when the admission or follow up versions must be collected, and the third is special considerations which apply to self-report measures.

### Exceptions to collection requirements

If an ambulatory episode is closed because the client is being transferred to a bed-based treatment service setting of that organisation (i.e., psychiatric inpatient or community residential service), this measure is not collected at discharge from that ambulatory episode. (Where possible, the clinician and client measure ratings for the admission NOCC in the inpatient unit or the community residential care setting are reported as the client's discharge ratings from the ambulatory episode).

If an ambulatory episode is brief (those where the number of days between admission to and discharge from the episode of care is 14 days or less duration), then this measure is not collected at discharge from that ambulatory episode.

In the above situations, details are still required, however, regarding principal and additional diagnoses and mental health legal status relevant to the ambulatory episode of care.

Discharge ratings for the SDQ are not required for any episode of less than 21 days duration because the rating period used at discharge (previous month) would overlap significantly with the period rated at admission.



Which version of the SDQ (admission or follow-up) is to be collected

Generally, the admission versions are administered on admission and rated over the standard rating period of six months and the follow up versions are administered on review and discharge and rated over a one month period. However, for referral from another setting, to prevent duplication and undue burden on clients and parents, the following guide is suggested:

Transfer of care between an inpatient, community residential or ambulatory setting of a client currently under the active care of the mental health service organisation.	<b>Admission SDQ</b> - if follow-up SDQ required at the end of referring treatment settings episode is neither completed nor provided by referring setting.
	<b>Follow-up SDQ</b> - if follow-up SDQ is required at end of referring treatment settings episode has in fact been completed and provided by the referring setting.
Admission to a new inpatient, community residential or ambulatory episode of care for any reason other than defined above.	<b>Admission SDQ</b> - if follow-up SDQ required at the end of referring treatment settings episode is neither completed nor provided by referring setting.
	<b>Follow-up SDQ</b> - if follow-up SDQ required at end of referring treatment settings episode has not been completed or is not provided by the referring setting.

Special considerations which apply to self-report measures

The classification of client self-report measures as mandatory is intended only to indicate the expectation that clients will be invited to complete self-report measures at the specified collection occasions, not that such measures will always be appropriate.

Due to the nature and severity of their mental health or other problems, it is likely that some clients should never be asked to complete self-report measures, others may not be able to complete the self-report measures at the scheduled occasion, whilst still others may sometimes find completion of the self-report measures to be difficult or stressful.

In all cases, clinical judgement as to the appropriateness of inviting the client to complete the measures must be the determining factor at any given collection occasion. Where collection of client self-report measures is contraindicated, the reasons must be recorded. Similar considerations also apply in relation to the parent version of the SDQ.

Some persons may not be able to complete the measures at any time and should not be asked to do so. A definitive list of circumstances in which a general exclusion applies is beyond the scope of this document but broadly it would include situations where:

- the person’s cognitive functioning is insufficient to enable understanding of the task as a result of an organic mental disorder or an intellectual disability;
- cultural, language and/or literacy issues make the measures inappropriate.

Under certain conditions, a client or parent may not be able to complete the measure at a specific collection occasion.

Circumstances where it may be appropriate to refrain from inviting the person to complete

the measure include:

- where the client's current clinical state is of sufficient severity to make it unlikely that their responses to a self-report questionnaire could be obtained, or that if their responses were obtained it would be unlikely that they were a reasonable indication of person's feelings and thoughts about their current emotional and behavioural problems and wellbeing;
- where an invitation to complete the measures is likely to be experienced as distressing or require a level of concentration and effort the person feels unable to give; or
- where clients or parents in crisis are too distressed to complete the measure.

It is suggested that in these circumstances clients and parents need not be invited to complete the measures. At all other times, an attempt must be made to obtain their responses.

In many cases, the severity of the person's clinical state and the degree of family distress experienced will diminish with appropriate treatment and care. It is suggested that, if within a period of up to seven days following the collection occasion in an ambulatory care setting the client is likely to be able to complete the measure then their responses should be sought at that time. Otherwise, no further attempt to administer the measure at that collection occasion should be made.

A valid SDQ measure must have 3/5 valid scores recorded for each five subscales (scores: 0, 1, 2). Valid scores must be recorded for each:

Subscale 1 (item03, item08, item13, item16, item24)

Subscale 2 (item05, item07, item12, item18, item22)

Subscale 3 (item02, item10, item15, item21, item25)

Subscale 4 (item06, item11, item14, item19, item23)

Subscale 5 (item01, item04, item09, item17, item20)

## Examples

	SDQ
A client aged 9 is discharged from ambulatory care, to the care of their GP, after a 35-day ambulatory episode of care.	Collected
A client aged 12 is being reviewed. The clinical judgement at this time is that a request to complete the SDQ will cause the client or their parents distress.	Not collected
A client aged 17 is being reviewed. The clinical judgement is that a request to complete the SDQ is appropriate.	Collected
A client aged 14 is discharged from ambulatory care to an inpatient facility of the organisation after a 35-day ambulatory episode of care.	Not collected

## Related national definition

N/A

## Revision history

N/A

## 11. Legal orders

The following section provides specific information about the legal orders data elements captured in the MHDC under the *Mental Health Act 2014* (the Act), including definitions, permitted values, guide for use, rules and operational examples.

All information relating to data elements in this data dictionary is specific to the MHDC, and caution should be taken if these data elements are compared with those of other data collections. Where relevant, related national definitions have been referenced.

## Admitted Voluntary Indicator

<b>Field name:</b>	admitted_voluntary_indicator
<b>Source data element(s):</b>	[Admitted Voluntary Indicator] – PSOLIS
<b>Definition:</b>	Flag indicating if the detained person is currently an admitted voluntary patient.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is conditional – admitted voluntary indicator must be collected for Legal Order 3E if the client is admitted as a voluntary patient.

This data element is an indicator for Legal Order 3E: Order that a Person Cannot Continue to be Detained.

The voluntary inpatient checkbox available within PSOLIS must be selected if a Legal Order 3E is created and the patient is being admitted as a voluntary patient.

### Examples

	Admitted Voluntary Indicator
The checkbox 'Is the person being admitted as a voluntary inpatient' was selected on creation of the Legal Order 3E.	1
The checkbox 'Is the person being admitted as a voluntary inpatient' was not selected on creation of the Legal Order 3E.	0

### Related national definition

N/A

### Revision history

N/A

## Ancestor Identifier

<b>Field name:</b>	ancestor_identifier
<b>Source data element(s):</b>	[Ancestor Identifier] – PSOLIS
<b>Definition:</b>	The identifier that references the legal order that commenced the legal episode (ancestor of the order).
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Numeric
<b>Format:</b>	[N(20)]
<b>Permitted values:</b>	Whole number

### Guide for use

Collection of this data element is conditional – ancestor identifier must be collected for all legal orders in a legal episode except for the first legal order.

This data element is system generated and references the ancestor of the order.

The first legal order in the episode will always show a value of null in this field, given that it is the order that is starting the client's legal episode.

### Examples

	Ancestor Identifier
A client was transitioned from a 1A: Referral for Examination by Psychiatrist to a 6A: Involuntary Treatment Order. In this scenario, the 1A would be the ancestor ID provided to the transitioned order (i.e. 6A: ITO).	6166

### Related national definition

N/A

### Revision history

N/A

## Assessment Date and Time

<b>Field name:</b>	assessment_datetime
<b>Source data element(s):</b>	[Assessment Date and Time] – PSOLIS
<b>Definition:</b>	Date and time of the client assessment.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Datetime
<b>Format:</b>	YYYY-MM-DD HH:MM:SS
<b>Permitted values:</b>	Valid date and time

### Guide for use

Collection of this data element is mandatory.

Assessment date and time records the date and time the client was assessed prior to the legal order form 1A: Referral for Examination by Psychiatrist being made.

### Examples

	Action Date and Time
The clinician enters 20 July 2021 at 8am as the date and time the client was assessed.	2021-07-20 08:00:00

### Related national definition

N/A

### Revision history

N/A

## Authorised By

<b>Field name:</b>	authorised_by
<b>Source data element(s):</b>	[Authorised By] – PSOLIS
<b>Definition:</b>	The health employee (HE) number of the staff member who authorised the legal order change.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	String
<b>Format:</b>	X[X(9)}
<b>Permitted values:</b>	Valid HE number

## Guide for use

Collection of this data element is conditional – it is mandatory to record the HE identifier of the person who approved a change to certain legal orders.

In PSOLIS, the 'Authorised by' field has:

- a. Free text capability to cater for situations when the authorising person is not listed in PSOLIS.
- b. The ability to search for, and select, a PSOLIS user.

This field will remain blank if the 'authorised by name' is entered by free text.

Collection of this data element must take place when a change has occurred on legal orders 1A to 7D, 9A & 9B, 12B & 12C, and pseudo orders.

## Examples

	Authorised By
The 'Authorised By' person was selected from within the PSOLIS user search facility.	HE123456

## Related national definition

N/A

## Revision history

N/A

## Authorised By Name

<b>Field name:</b>	authorised_by_name
<b>Source data element(s):</b>	[Authorised By Name] – PSOLIS
<b>Definition:</b>	The name of the staff member who authorised the legal order change.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	String
<b>Format:</b>	X(150)
<b>Permitted values:</b>	Alphanumeric combination

## Guide for use

Collection of this data element is conditional – it is mandatory to record the name of the person who approved a change to certain legal orders.

In PSOLIS, the 'Authorised by' field has:

- a. Free text capability to cater for situations when the authorising person is not listed in PSOLIS.
- b. The ability to search for, and select, a PSOLIS user.

Collection of this data element must take place when a change has occurred on legal orders 1A to 7D, 9A & 9B, 12B & 12C, and pseudo orders.

## Examples

	Authorised By Name
The 'Authorised By Name' person was not found via the PSOLIS user search facility, so was manually entered into the field.	Joe Citizen

## Related national definition

N/A

## Revision history

N/A



## AV Exam

<b>Field name:</b>	av_exam_code
<b>Source data element(s):</b>	[AV Exam] – PSOLIS
<b>Definition:</b>	Indicator detailing whether a psychiatric examination of a client was conducted by videoconference.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	<p>0 – Not applicable/relevant</p> <p>1 – Not completed by AV</p> <p>2 – Completed by AV, not subsequent face-to-face</p> <p>3 – Completed by AV, and subsequent face-to-face</p>

### Guide for use

Collection of this data element is mandatory.

A psychiatric assessment/examination can be conducted via audio-visual (AV) communication.

Under the Act, AV communication means using videoconferencing to provide “real-time, synchronous video and audio transmission between locations to bring people together.”

In non-metropolitan areas an assessment for referral or examination by a psychiatrist under the Act (s.48 and s.79c) can be conducted via AV communication.

A checkbox is available within the order screen in PSOLIS to confirm if the client has had a psychiatric examination via AV.

### Examples

	AV Exam
A client examination under the Act was conducted via videoconference; there was no subsequent face-to-face examination.	2

### Related national definition

N/A

### Revision history

N/A

## CLMIAA Status

<b>Field name:</b>	clmiaa_status_code
<b>Source data element(s):</b>	[CLMIAA Status] – PSOLIS
<b>Definition:</b>	Indicator detailing whether a client is subject to an order under CLMIAA.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No known CLMIAA status 1 – Subject of CLMIAA custody order 2 – Subject of CLMIAA hospital order

## Guide for use

Collection of this data element is mandatory.

CLMIAA status is recorded to identify whether the client is subject to an order under the *Criminal Law Mentally Impaired Accused Act 1996* (CLMIAA).

CLMIAA status is selected by the PSOLIS user in the CLMIAA order section.

## Examples

	CLMIAA Status
A user selects the CLMIAA status 'Subject of CLMIAA Custody Order' in PSOLIS.	1

## Related national definition

N/A

## Revision history

N/A

## CTO Appointment Date and Time

<b>Field name:</b>	cto_appt_datetime
<b>Source data element(s):</b>	[CTO Appointment Date and Time] – PSOLIS
<b>Definition:</b>	Date and time of the scheduled first appointment under the CTO.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Datetime
<b>Format:</b>	YYYY-MM-DD HH:MM:SS
<b>Permitted values:</b>	Valid date and time

### Guide for use

Collection of this data element is mandatory.

CTO appointment date and time records the date and time of the scheduled first appointment for a client placed on a Community Treatment Order (CTO).

CTO appointment date and time must be prior to the CTO expiry date and time.

### Examples

	CTO Appointment Date and Time
The supervising psychiatrist enters 20 July 2021 at 8am as the date and time for the client's first appointment.	2021-07-20 08:00:00

### Related national definition

N/A

### Revision history

N/A

## Expiry Date

<b>Field name:</b>	expiry_date
<b>Source data element(s):</b>	[Expiry Date] – PSOLIS
<b>Definition:</b>	Date the legal order expires.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Datetime
<b>Format:</b>	YYYY-MM-DD
<b>Permitted values:</b>	Valid date

## Guide for use

Collection of this data element is mandatory.

## Examples

	Expiry Date
A legal order is due to expire on 15 May 2021 at 10am.	2021-05-15

## Related national definition

N/A

## Revision history

N/A

## Legal Episode Identifier

<b>Field name:</b>	episode_identifier
<b>Source data element(s):</b>	[Legal Episode Identifier] – PSOLIS
<b>Definition:</b>	The unique identifier for the legal episode.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	[N(20)]
<b>Permitted values:</b>	Unique numeric identifier

### Guide for use

Collection of this data element is mandatory.

This data element is system generated and identifies the current legal episode the order is attached to.

### Examples

	Legal Episode Identifier
Details of a new client under legal order form 1A: Referral for Examination by Psychiatrist are entered into PSOLIS.	159

### Related national definition

N/A

### Revision history

N/A

## Legal Order Effective Date and Time

<b>Field name:</b>	effective_datetime
<b>Source data element(s):</b>	[Legal Order Effective Date and Time] – PSOLIS
<b>Definition:</b>	Date and time the leave order was made effective.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Datetime
<b>Format:</b>	YYYY-MM-DD HH:MM:SS
<b>Permitted values:</b>	Valid date and time

### Guide for use

Collection of this data element is mandatory.

Legal order effective date and time records the date and time that a Leave Order (7A – Grant of Leave to an Involuntary Patient and 7B – Extension of Grant of Leave) was made.

Legal order effective date and time must not be later than the expiry date and time of the parent Involuntary Treatment Order (ITO) Form 6A or 6B or Continuation 6C (if one exists).

### Examples

	Legal Order Effective Date and Time
A Leave Order was made on 15 May 2021 at 10am.	2021-05-15 10:00:00

### Related national definition

N/A

### Revision history

N/A

## Made By

<b>Field name:</b>	made_by
<b>Source data element(s):</b>	[Made By] – PSOLIS
<b>Definition:</b>	The health employee (HE) number of the staff member making a legal order.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	String
<b>Format:</b>	X[(X9)]
<b>Permitted values:</b>	Valid HE number

## Guide for use

Collection of this data element is mandatory.

This field displays the HE number of the person making an electronic order (Forms 1A to 7D, 9A & 9B, 12B & 12C, and pseudo orders).

The 'Order Made By' field in PSOLIS displays the logged in user name and cannot be changed.

For Transcribed Paper Orders and Tribunal Orders, 'the Order Made By' field displays the logged in user name with the capacity to search within PSOLIS for an alternative clinician name.

## Examples

	Made By
Details of a new client under legal order form 1A: Referral for Examination by Psychiatrist are entered into PSOLIS.	HE123456

## Related national definition

N/A

## Revision history

N/A

## Made By Name

<b>Field name:</b>	made_by_name
<b>Source data element(s):</b>	[Made By Name] – PSOLIS
<b>Definition:</b>	The name of the staff member who made the legal order.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	String
<b>Format:</b>	X(150)
<b>Permitted values:</b>	Alphanumeric combination

## Guide for use

Collection of this data element is mandatory.

This field displays the name of the person making an electronic order (Forms 1A to 7D, 9A & 9B, 12B & 12C, and pseudo orders).

The 'Order Made By' field in PSOLIS displays the logged in user name and cannot be changed.

For Transcribed Paper Orders and Tribunal Orders, 'the Order Made By' field displays the logged in user name with the capacity to search within PSOLIS for an alternative clinician name.

## Examples

	Made By Name
Details of a new client under legal order form 1A: Referral for Examination by Psychiatrist are entered into PSOLIS.	Joe Staff

## Related national definition

N/A

## Revision history

N/A



## Made By Qualification

<b>Field name:</b>	made_by_qualification
<b>Source data element(s):</b>	[Made By Qualification] – PSOLIS
<b>Definition:</b>	The professional qualification of the person making the legal order.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	String
<b>Format:</b>	[X(255)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is conditional – it is mandatory to record the qualification of the person who made certain legal orders.

The professional qualification of the person who made the legal order is a free text field.

This data element must be collected for these legal orders: Forms 1A to 7D, 9A & 9B, 12B & 12C, and pseudo orders.

### Examples

	Made By Qualification
Details of a new client under legal order form 1A: Referral for Examination by Psychiatrist are entered into PSOLIS.	FRANZCP

### Related national definition

N/A

### Revision history

N/A

## Made by Qualification Type

<b>Field name:</b>	made_by_qualification_type_code
<b>Source data element(s):</b>	[Made By Qualification Type] – PSOLIS
<b>Definition:</b>	Numeric identifier of the qualification role of the person making the legal order.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	1 – Medical practitioner 2 – Authorised mental health practitioner 3 – Psychiatrist 4 – Mental health practitioner

## Guide for use

Collection of this data element is conditional – it is mandatory to record the qualification role of the person who made certain legal orders.

The qualification role of the person making the order is selected from the ‘Qualification Role’ drop down list in the PSOLIS ‘Legal Order’ screen.

This data element must be collected for these legal orders: Forms 1A to 7D, 9A & 9B, 12B & 12C, and pseudo orders.

## Examples

	Made By Qualification Type
Details of a new client under legal order form 1A: Referral for Examination by Psychiatrist are entered into PSOLIS.	3

## Related national definition

N/A

## Revision history

N/A

## No Referral Determined By

<b>Field name:</b>	no_referral_determined_by
<b>Source data element(s):</b>	[No Referral Determined By] – PSOLIS
<b>Definition:</b>	The health employee (HE) number of the staff member who determined that the referral was no longer required.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	String
<b>Format:</b>	X[(X9)]
<b>Permitted values:</b>	Valid HE number

### Guide for use

Collection of this data element is mandatory.

This field displays the HE number of the person who determined that the referral was not required and is completed in PSOLIS via Pseudo Order – Referral not Required.

In PSOLIS, the ‘Determined by’ field has:

- a. Free text capability to cater for situations when the authorising person is not listed in PSOLIS.
- b. The ability to search for, and select, a PSOLIS user.

This field will remain blank if the ‘no referral determined by name’ is entered by free text.

### Examples

	No Referral Determined By
The ‘Determined by’ person was selected from within the PSOLIS user search facility.	HE123456

### Related national definition

N/A

### Revision history

N/A

## No Referral Determined By Name

<b>Field name:</b>	no_referral_determined_by_name
<b>Source data element(s):</b>	[No Referral Determined By Name] – PSOLIS
<b>Definition:</b>	The name of the staff member who determined that the referral was no longer required.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	String
<b>Format:</b>	X(150)
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is mandatory.

This field displays the name of the person who determined that the referral was not required and is completed in PSOLIS via Pseudo Order – Referral not Required.

In PSOLIS, the 'Determined by Name' field has:

- a. Free text capability to cater for situations when the authorising person is not listed in PSOLIS.
- b. The ability to search for, and select, a PSOLIS user.

### Examples

	No Referral Determined By Name
The 'Determined by Name' person was not found via the PSOLIS user search facility, so was manually entered into the field.	Joe Citizen

### Related national definition

N/A

### Revision history

N/A

## Order Changed By

<b>Field name:</b>	order_changed_by
<b>Source data element(s):</b>	[Order Changed By] – PSOLIS
<b>Definition:</b>	The health employee (HE) number of the staff member who made changes to an existing legal order.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	String
<b>Format:</b>	X[(X9)]
<b>Permitted values:</b>	Valid HE number

## Guide for use

Collection of this data element is conditional – it is only mandatory where a change has been made to an existing legal order.

The 'Order Changed By' person may or may not be the same as the person who authorised the change to the legal order.

In PSOLIS, the 'Order Changed By' field defaults to the logged in user and is not editable.

## Examples

	Order Changed By
Joe Staff makes changes in PSOLIS to a client's existing legal order and saves the record.	HE123456

## Related national definition

N/A

## Revision history

N/A

## Order Changed Reason

<b>Field name:</b>	order_changed_reason_code
<b>Source data element(s):</b>	[Order Changed Reason] – PSOLIS
<b>Definition:</b>	Reason for the change in the legal order, if the record has been updated.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	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

### Guide for use

Collection of this data element is conditional – it is only mandatory where a change has been made to certain existing legal orders.

This data element must be collected for legal orders 1A to 7D and pseudo orders.

### Examples

	Order Changed Reason
Joe Staff updates a client's existing legal order in PSOLIS.	4 – Additional information added

### Related national definition

N/A

### Revision history

N/A

## Order Duration

<b>Field name:</b>	order_duration
<b>Source data element(s):</b>	[Order Duration] – PSOLIS
<b>Definition:</b>	The duration of the legal order in days.
<b>Requirement status:</b>	N/A
<b>Data type:</b>	Numeric
<b>Format:</b>	N(3)
<b>Permitted values:</b>	Whole number

## Guide for use

This data element is a derived measure using the start and end dates of a legal order.

## Examples

	Order Duration
A legal order is created on 13/07/2022 for a patient admitted to Graylands Hospital and is ended on 20/07/2022.	8

## Related national definition

N/A

## Revision history

N/A

## Order End Date and Time

<b>Field name:</b>	order_end_datetime
<b>Source data element(s):</b>	[Order End Date and Time] – PSOLIS
<b>Definition:</b>	Date and time the legal order expires.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Datetime
<b>Format:</b>	YYYY-MM-DD HH:MM:SS
<b>Permitted values:</b>	Valid date and time

### Guide for use

Collection of this data element is mandatory.

### Examples

	Order End Date and Time
A legal order is due to expire on 15 May 2021 at 10am.	2021-05-15 10:00:00

### Related national definition

N/A

### Revision history

N/A



## Order Identifier

<b>Field name:</b>	order_identifier
<b>Source data element(s):</b>	[Order Identifier] – PSOLIS
<b>Definition:</b>	The unique identifier for the legal order.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	[N(20)]
<b>Permitted values:</b>	Unique numeric identifier

## Guide for use

Collection of this data element is mandatory.

This data element is system generated and identifies each legal order.

## Examples

	Legal Record Identifier
Details of a new client under legal order form 1A: Referral for Examination by Psychiatrist are entered into PSOLIS.	2061

## Related national definition

N/A

## Revision history

N/A

## Order Name

<b>Field name:</b>	order_name
<b>Source data element(s):</b>	[Order Name] – PSOLIS
<b>Definition:</b>	The full name of the legal order.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	String
<b>Format:</b>	X(130)
<b>Permitted values:</b>	As per Appendix D – Legal orders

## Guide for use

Collection of this data element is mandatory.

## Examples

	Order Name
A PSOLIS user selects a legal order Form 1A.	Form 1A – Referral for Examination

## Related national definition

N/A

## Revision history

N/A

## Order Name Code

<b>Field name:</b>	order_name_code
<b>Source data element(s):</b>	[Order Name Code] – PSOLIS
<b>Definition:</b>	The name of the legal order, as represented by a code.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N(2)
<b>Permitted values:</b>	As per Appendix D – Legal orders

## Guide for use

Collection of this data element is mandatory.

## Examples

	Order Name Code
A PSOLIS user selects a legal order Form 4A – Transport Order.	16

## Related national definition

N/A

## Revision history

N/A

## Order Start Date and Time

<b>Field name:</b>	order_start_datetime
<b>Source data element(s):</b>	[Order Start Date and Time] – PSOLIS
<b>Definition:</b>	Date and time the legal order came into effect.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Datetime
<b>Format:</b>	YYYY-MM-DD HH:MM:SS
<b>Permitted values:</b>	Valid date and time

### Guide for use

Collection of this data element is mandatory.

This date element is completed with the start date and time the legal order commences. The PSOLIS field defaults to created date and time but is editable and therefore can be 'backdated'.

There are specific rules related to this data element which are detailed in the individual legal orders.

Order start date and time must not be in the future relative to the current time.

### Examples

	Order Start Date and Time
A legal order commenced on 15 May 2021 at 10am.	2021-05-15 10:00:00

### Related national definition

N/A

### Revision history

N/A

## Order to Attend Date and Time

<b>Field name:</b>	attend_datetime
<b>Source data element(s):</b>	[Order to Attend Date and Time] – PSOLIS
<b>Definition:</b>	Date and time the client has been ordered to attend a place under the 5F legal order.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Datetime
<b>Format:</b>	YYYY-MM-DD HH:MM:SS
<b>Permitted values:</b>	Valid date and time

### Guide for use

Collection of this data element is conditional – it is only mandatory where a Form 5F: Order to Attend has been made following a client being in breach of their community treatment order (CTO).

The date and time the client is ordered to attend a place is recorded in this PSOLIS field.

The date and time of attendance must be after the date and time the 5F legal order was created.

### Examples

	Order to Attend Date and Time
The supervising psychiatrist creates a 5F order and enters the date and time of attendance as 21 June 2021 at 11am.	2021-06-21 11:00:00

### Related national definition

N/A

### Revision history

N/A

## Order Type

<b>Field name:</b>	order_type_code
<b>Source data element(s):</b>	[Order Type] – PSOLIS
<b>Definition:</b>	A numeric code identifying how the order was created.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	String
<b>Format:</b>	A
<b>Permitted values:</b>	E – Electronically made order P – Paper transcribed order C – Court/tribunal M – Migrated from legal status lite

## Guide for use

Collection of this data element is mandatory.

## Examples

	Order Type
The PSOLIS option order type 'Electronically made' is selected.	E

## Related national definition

N/A

## Revision history

N/A

## Parent Identifier

<b>Field name:</b>	parent_identifier
<b>Source data element(s):</b>	[Parent Identifier] – PSOLIS
<b>Definition:</b>	Numeric code uniquely assigned to the current legal order which identifies the preceding legal order within a legal episode.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	[N(20)]
<b>Permitted values:</b>	Whole number

## Guide for use

Collection of this data element is mandatory.

Parent identifier is a system generated unique number assigned to each legal form within a legal episode.

## Examples

	Parent Identifier
The supervising psychiatrist creates a 5F order with an order identifier of 2351.	<b>159</b>

## Related national definition

N/A

## Revision history

N/A

## Previous Expiry Date and Time

<b>Field name:</b>	previous_expiry_datetime
<b>Source data element(s):</b>	[Previous Expiry Date and Time] – PSOLIS
<b>Definition:</b>	The date and time of the expiry of a mental health client's previous legal order.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Datetime
<b>Format:</b>	YYYY-MM-DD HH:MM:SS
<b>Permitted values:</b>	Valid date and time

### Guide for use

Collection of this data element is conditional – it is only mandatory where an earlier legal order for the mental health client exists.

The previous expiry date and time must be before the effective date of the current legal order.

### Examples

	Previous Expiry Date and Time
The supervising psychiatrist creates a 6C Continuation of Inpatient Treatment Order and enters the date and time of expiry of the previous legal order as 21 June 2021 at 11am.	2021-06-21 11:00:00

### Related national definition

N/A

### Revision history

N/A



## Received Patient By

<b>Field name:</b>	received_patient_by
<b>Source data element(s):</b>	[Received Patient By] – PSOLIS
<b>Definition:</b>	The health employee (HE) number of the person who took receipt of the mental health client.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	String
<b>Format:</b>	X[(X9)]
<b>Permitted values:</b>	Valid HE number

### Guide for use

Collection of this data element is conditional – it is only mandatory for specific legal orders.

A receipt section is included in the legal form screen of those orders in PSOLIS to enable the recording of the receipt of the client at the recorded place of examination.

This field displays the HE number of the person who took receipt of the client.

In PSOLIS, the 'Received Patient By' field has:

- a. Free text capability to cater for situations when the person is not listed in PSOLIS.
- b. The ability to search for, and select, a PSOLIS user.

This field will remain blank if 'received patient by name' is entered by free text.

### Examples

	Received Patient By
The 'Received Patient By' person was selected from within the PSOLIS user search facility.	HE123456

### Related national definition

N/A

### Revision history

N/A

## Received Patient By Name

<b>Field name:</b>	received_patient_by_name
<b>Source data element(s):</b>	[Received Patient By Name] – PSOLIS
<b>Definition:</b>	The name of the staff member who took receipt of the mental health client.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	String
<b>Format:</b>	X(150)
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is conditional – it is only mandatory for specific legal orders.

A receipt section is included in the legal form screen of those orders in PSOLIS to enable the recording of the receipt of the client at the recorded place of examination.

This field displays the name of the person who took receipt of the client.

In PSOLIS, the 'Received Patient By Name' field has:

- a. Free text capability to cater for situations when the person is not listed in PSOLIS.
- b. The ability to search for, and select, a PSOLIS user.

### Examples

	Received Patient By Name
The 'Received Patient By Name' person was not found via the PSOLIS user search facility, so was manually entered into the field.	Joe Citizen

### Related national definition

N/A

### Revision history

N/A

## Received Patient Date and Time

<b>Field name:</b>	received_patient_datetime
<b>Source data element(s):</b>	[Received Patient Date and Time] – PSOLIS
<b>Definition:</b>	The date and time the client was received at the place of examination.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Datetime
<b>Format:</b>	YYYY-MM-DD HH:MM:SS
<b>Permitted values:</b>	Valid date and time

### Guide for use

Collection of this data element is conditional – it is only mandatory for specific legal orders where a client has been received at the recorded place of examination.

A receipt section is included in the legal form screen of those orders in PSOLIS to enable the recording of the receipt of the client.

This data element records the date and time the client was actually physically received at the place of examination.

Received patient date and time must not be:

- in the future relative to the current time.
- prior to the legal order effective date and time.
- later than the order expiry date and time.

### Examples

	Received Patient Date and Time
A mental health client is received at the recorded place of examination on 21 June 2021 at 11am.	2021-06-21 11:00:00

### Related national definition

N/A

### Revision history

N/A

## Received Patient Indicator

<b>Field name:</b>	received_patient_indicator
<b>Source data element(s):</b>	[Received Patient Indicator] – PSOLIS
<b>Definition:</b>	Indicates whether the client has been received at the recorded place of examination.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – Not received 1 - Received

### Guide for use

Collection of this data element is conditional – it is only mandatory for specific legal orders where a client has been received at the recorded place of examination.

A receive section is included in the legal form screen of those orders in PSOLIS to enable the recording of the receive of the client.

This checkbox data element records whether the client was actually received at the place of examination.

### Examples

	Received Patient Indicator
A client is not received at the recorded place of examination and the 'Received Patient Indicator' checkbox remains unchecked.	0

### Related national definition

N/A

### Revision history

N/A

## Referred From Place

<b>Field name:</b>	referred_from_place_code
<b>Source data element(s):</b>	[Referred From Place] – PSOLIS
<b>Definition:</b>	The name of the place the client is transferred from, expressed as a code.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Numeric
<b>Format:</b>	N(4)
<b>Permitted values:</b>	Valid location code

### Guide for use

Collection of this data element is conditional – it is only mandatory for specific legal orders where a client has been transferred.

This data element identifies the service or program from which the client was transferred. This is selected from a drop-down value on the PSOLIS Legal Order screen.

### Examples

	Referred From Place
A client is transferred from Albany Acute Psychiatric Unit to Graylands Hospital.	16

### Related national definition

N/A

### Revision history

N/A

## Referred From Place Metro Indicator

<b>Field name:</b>	referred_from_place_metro_indicator
<b>Source data element(s):</b>	[Referred From Place Metro Indicator] – PSOLIS
<b>Definition:</b>	Flag identifying whether the 'referred from' place is a metropolitan or non-metropolitan area.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – Non-metropolitan 1 – Metropolitan

### Guide for use

Collection of this data element is conditional – it is only mandatory for specific legal orders where a client has been transferred.

### Examples

	Referred From Place Metro Indicator
A client is transferred from Albany Acute Psychiatric Unit to Graylands Hospital.	0

### Related national definition

N/A

### Revision history

N/A

## Referred From Place Type

<b>Field name:</b>	referred_from_place_type_code
<b>Source data element(s):</b>	[Referred From Place Type] – PSOLIS
<b>Definition:</b>	The type of place the client was transferred from.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	1 – Authorised hospital 2 – General hospital 3 – Other PSOLIS place 4 – Other metro place 5 – Other non-metro place Null – Not specified

### Guide for use

Collection of this data element is conditional – it is only mandatory for specific legal orders where a client has been transferred.

### Examples

	Referred From Place Type
A client is transferred from Albany Acute Psychiatric Unit to Graylands Hospital.	2

### Related national definition

N/A

### Revision history

N/A

## Referred To Place

<b>Field name:</b>	referred_to_place_code
<b>Source data element(s):</b>	[Referred To Place] – PSOLIS
<b>Definition:</b>	The name of the place the client is transferred to, expressed as a code.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Numeric
<b>Format:</b>	N(4)
<b>Permitted values:</b>	Valid location code

## Guide for use

Collection of this data element is conditional – it is only mandatory for specific legal orders where a client has been transferred.

This data element identifies the service or program to which the client was transferred. This is selected from a drop-down value on the PSOLIS Legal Order screen.

## Examples

	Referred To Place
A client is transferred from Albany Acute Psychiatric Unit to Graylands Hospital.	3

## Related national definition

N/A

## Revision history

N/A



## Referred To Place Metro Indicator

<b>Field name:</b>	referred_to_place_metro_indicator
<b>Source data element(s):</b>	[Referred To Place Metro Indicator] – PSOLIS
<b>Definition:</b>	Flag identifying whether the 'referred to' place is a metropolitan or non-metropolitan area.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – Non-metropolitan 1 – Metropolitan

### Guide for use

Collection of this data element is conditional – it is only mandatory for specific legal orders where a client has been transferred.

### Examples

	Referred To Place Metro Indicator
A client is transferred from Albany Acute Psychiatric Unit to Graylands Hospital.	1

### Related national definition

N/A

### Revision history

N/A

## Referred To Place Type

<b>Field name:</b>	referred_to_place_type_code
<b>Source data element(s):</b>	[Referred To Place Type] – PSOLIS
<b>Definition:</b>	The type of place the client was transferred to.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	1 – Authorised hospital 2 – General hospital 3 – Other PSOLIS place 4 – Other metro place 5 – Other non-metro place Null – Not specified

## Guide for use

Collection of this data element is conditional – it is only mandatory for specific legal orders where a client has been transferred.

## Examples

	Referred To Place Type
A client is transferred from Albany Acute Psychiatric Unit to Graylands Hospital.	1

## Related national definition

N/A

## Revision history

N/A

## Same Practitioner Indicator

<b>Field name:</b>	same_practitioner_indicator
<b>Source data element(s):</b>	[Same Practitioner Indicator] – PSOLIS
<b>Definition:</b>	Flag to indicate if the same practitioner made and revoked the Form 1A – Referral Order.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is optional.

This data element is collected via a checkbox in PSOLIS and its values represent whether the same medical practitioner made and revoked the Form 1A Referral.

### Examples

	Same Practitioner Indicator
The PSOLIS 'Same Practitioner Indicator' checkbox remains unchecked.	0

### Related national definition

N/A

### Revision history

N/A

## Supervising Psychiatrist

<b>Field name:</b>	supervisor
<b>Source data element(s):</b>	[Supervising Psychiatrist] – PSOLIS
<b>Definition:</b>	The health employee (HE) number of the supervising psychiatrist.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	String
<b>Format:</b>	X[(X9)]
<b>Permitted values:</b>	Valid HE number

### Guide for use

Collection of this data element is mandatory.

This field displays the HE number of the supervising psychiatrist.

In PSOLIS, the 'Supervising Psychiatrist.' field has:

- a. Free text capability to cater for situations when the person is not listed in PSOLIS.
- b. The ability to search for, and select, a PSOLIS user.

This field will remain blank if 'supervising psychiatrist name' is entered by free text.

### Examples

	Supervising Psychiatrist
The 'Supervising Psychiatrist' person was selected from within the PSOLIS user search facility.	HE123456

### Related national definition

N/A

### Revision history

N/A

## Supervising Psychiatrist Name

<b>Field name:</b>	supervisor_name
<b>Source data element(s):</b>	[Supervising Psychiatrist Name] – PSOLIS
<b>Definition:</b>	The name of the supervising psychiatrist.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	String
<b>Format:</b>	X(150)
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is mandatory.

This field displays the name of the supervising psychiatrist.

In PSOLIS, the 'Supervising Psychiatrist Name' field has:

- a. Free text capability to cater for situations when the person is not listed in PSOLIS.
- b. The ability to search for, and select, a PSOLIS user.

### Examples

	Supervising Psychiatrist Name
The 'Supervising Psychiatrist Name' person was not found via the PSOLIS user search facility, so was manually entered into the field.	Joe Citizen

### Related national definition

N/A

### Revision history

N/A

## Transcribed Order End Date and Time

<b>Field name:</b>	transcribed_order_end_datetime
<b>Source data element(s):</b>	[Transcribed Order End Date and Time] – PSOLIS
<b>Definition:</b>	The end date and time of the transcribed legal order.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Datetime
<b>Format:</b>	YYYY-MM-DD HH:MM:SS
<b>Permitted values:</b>	Valid date and time

### Guide for use

Collection of this data element is conditional – it is only mandatory when there is an order expiry and the record type is transcribed order.

The transcribed order end date and time is the date and time of expiry of any legal form entered in PSOLIS by transcription.

### Examples

	Transcribed Order End Date and Time
A transcribed order has an expiry date and time of 15 December 2021 at 5pm.	2021-12-15 17:00:00

### Related national definition

N/A

### Revision history

N/A

## Transport By

<b>Field name:</b>	transport_by
<b>Source data element(s):</b>	[Transport By] – PSOLIS
<b>Definition:</b>	Numeric code identifying whether a client was transported by a police officer or transport officer or both.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – Null 1 – Police officer 2 – Transport officer 3 – Police officer and/or transport officer

## Guide for use

Collection of this data element is optional.

## Examples

	Transport By
A client is transported from Albany Acute Psychiatric Unit to Graylands Hospital by a transport officer.	2

## Related national definition

N/A

## Revision history

N/A

## Transport Police Reason

<b>Field name:</b>	transport_police_reason
<b>Source data element(s):</b>	[Transport Police Reason] – PSOLIS
<b>Definition:</b>	Numeric code identifying the reason for police officer transportation.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	<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>

### Guide for use

Collection of this data element is conditional – it is only mandatory if a transport order has been created and ‘transport by police’ has been selected.

### Examples

	Transport Police Reason
A clinician believes the client needs to be transported by the police.	1

### Related national definition

N/A

### Revision history

N/A



## Transport Reason Satisfy

<b>Field name:</b>	transport_reason_satisfy_code
<b>Source data element(s):</b>	[Transport Reason Satisfy] – PSOLIS
<b>Definition:</b>	Numeric code identifying the reason for making the transport order.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	<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> <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>

### Guide for use

Collection of this data element is conditional – it is only mandatory if a transport order has been created.

### Examples

	Transport Reason Satisfy
The reason 'Person needs to be taken to authorised hospital for further examination by psychiatrist' is selected in PSOLIS.	3

**Related national definition**

N/A

**Revision history**

N/A

## Transport Revoke Reason

<b>Field name:</b>	transport_revoke_reason_code
<b>Source data element(s):</b>	[Transport Revoke Reason] – PSOLIS
<b>Definition:</b>	Numeric code identifying the reason for a transport order being revoked.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	<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>

### Guide for use

Collection of this data element is conditional – it is only mandatory if a transport order has been revoked.

### Examples

	Transport Revoke Reason
A clinician believes the client no longer needs to be transported.	2

### Related national definition

N/A

### Revision history

N/A

## Treating Practitioner

<b>Field name:</b>	treating_practitioner
<b>Source data element(s):</b>	[Treating Practitioner] – PSOLIS
<b>Definition:</b>	The health employee (HE) number of the treating practitioner.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	String
<b>Format:</b>	X[(X9)]
<b>Permitted values:</b>	Valid HE number

### Guide for use

Collection of this data element is mandatory.

This field displays the HE number of the treating practitioner.

In PSOLIS, the 'Treating Practitioner' field has:

- a. Free text capability to cater for situations when the person is not listed in PSOLIS.
- b. The ability to search for, and select, a PSOLIS user.

This field will remain blank if 'treating practitioner name' is entered by free text.

### Examples

	Supervising Psychiatrist
The 'Treating Practitioner' person was selected from within the PSOLIS user search facility.	HE123456

### Related national definition

N/A

### Revision history

N/A

## Treating Practitioner Name

<b>Field name:</b>	treating_practitioner_name
<b>Source data element(s):</b>	[Treating Practitioner Name] – PSOLIS
<b>Definition:</b>	The name of the treating practitioner.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	String
<b>Format:</b>	X(150)
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is mandatory.

This field displays the name of the treating practitioner.

In PSOLIS, the 'Treating Practitioner Name' field has:

- a. Free text capability to cater for situations when the person is not listed in PSOLIS.
- b. The ability to search for, and select, a PSOLIS user.

### Examples

	Supervising Psychiatrist Name
The 'Treating Practitioner Name' person was not found via the PSOLIS user search facility, so was manually entered into the field.	Joe Citizen

### Related national definition

N/A

### Revision history

N/A

## Treating Practitioner Qualification Type

<b>Field name:</b>	treating_practitioner_qualification_type_code
<b>Source data element(s):</b>	[Treating Practitioner Qualification Type] – PSOLIS
<b>Definition:</b>	The type of qualification of the treating practitioner, expressed as a code.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	1 – Medical practitioner 4 – Mental health practitioner Null – Not specified

### Guide for use

Collection of incident notes is optional.

### Examples

	Treating Practitioner Qualification Type
The clinician treating the client is a psychiatrist.	1

### Related national definition

N/A

### Revision history

N/A

## 12. Triage

The following section provides specific information about the triage data elements captured in the MHDC, including definitions, permitted values, guide for use, rules and operational examples.

All information relating to data elements in this data dictionary is specific to the MHDC, and caution should be taken if these data elements are compared with those of other data collections. Where relevant, related national definitions have been referenced.

## Action Taken

<b>Field name:</b>	actionid
<b>Source data element(s):</b>	[Action Taken] – webPSOLIS
<b>Definition:</b>	Identifies the action/s taken during a triage event.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N(2)
<b>Permitted values:</b>	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

## Guide for use

Collection of this data element is mandatory.

## Examples

	Action Taken
During the triage event the police are notified, and the consumer is referred to an inpatient mental health service.	2, 7

## Related national definition

N/A

## Revision history

N/A



## Advance Health Directive

<b>Field name:</b>	adhealthdirective
<b>Source data element(s):</b>	[Advance Health Directive] – webPSOLIS
<b>Definition:</b>	Identifies whether the consumer has an Advance Health Directive in place.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – Unknown

### Guide for use

Collection of this data element is mandatory.

An Advance Health Directive (AHD) is a legal document for people over the age of 18 to advise their decisions in writing about their future healthcare treatment.

An AHD can come into effect if a person is unable to make reasonable judgements about their treatment in the future.

### Examples

	Advance Health Directive
During the triage event the consumer notifies the clinician that they have an AHD in place.	1

### Related national definition

N/A

### Revision history

N/A

## AHD on Medical Record

<b>Field name:</b>	copymedrecord
<b>Source data element(s):</b>	[AHD on Medical Record] – webPSOLIS
<b>Definition:</b>	Identifies whether a copy of the consumer’s Advance Health Directive is included in their medical record.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – Unknown

### Guide for use

Collection of this data element is conditional. If the consumer has an Advance Health Directive (AHD) this data element must be collected.

An AHD is a legal document for people over the age of 18 to advise their decisions in writing about their future healthcare treatment.

An AHD can come into effect if a person is unable to make reasonable judgements about their treatment in the future.

### Examples

	AHD on Medical Record
During the triage event the consumer notifies the clinician that they have an AHD in place but there is no copy of the AHD included in the client’s medical record.	0

### Related national definition

N/A

### Revision history

N/A

## AHD to be Provided

<b>Field name:</b>	copyprovided
<b>Source data element(s):</b>	[AHD to be Provided] – webPSOLIS
<b>Definition:</b>	Identifies whether a copy of the consumer’s Advance Health Directive will be forwarded to the mental health service.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – Unknown

### Guide for use

Collection of this data element is conditional. If the consumer has an Advance Health Directive (AHD) this data element must be collected.

An AHD is a legal document for people over the age of 18 to advise their decisions in writing about their future healthcare treatment.

An AHD can come into effect if a person is unable to make reasonable judgements about their treatment in the future.

### Examples

	AHD to be Provided
During the triage event the consumer notifies the clinician that they have an AHD in place and will be providing it later.	1

### Related national definition

N/A

### Revision history

N/A

## Associate Present

<b>Field name:</b>	associatepresent
<b>Source data element(s):</b>	[Associate Present] – webPSOLIS
<b>Definition:</b>	A flag indicating whether an associate of the consumer was present at the triage service event.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

An associate can be a person or organisation.

An associate is anyone who is related or connected to the consumer and involved in their care. This can include family members, carer, GP, emergency contact, agencies etc.

An associate must not be government mental health staff or organisations.

### Examples

	Associate Present
A consumer attends a triage service event alone.	0
A consumer attends a triage service event accompanied by his sister.	1

### Related national definition

N/A

### Revision history

N/A

## Carer Agreeable

<b>Field name:</b>	isprimarycareagreeableofreferral
<b>Source data element(s):</b>	[Carer Agreeable] – webPSOLIS
<b>Definition:</b>	A flag indicating whether the consumer's primary carer agrees to the referral.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – Unknown

### Guide for use

Collection of this data element is conditional – if the consumer has a carer this data element must be completed.

### Examples

	Carer Agreeable
A consumer is referred to a triage service event and his carer agrees to the referral.	1

### Related national definition

N/A

### Revision history

N/A

## Carer Aware

<b>Field name:</b>	isprimarycareawareofreferral
<b>Source data element(s):</b>	[Carer Aware] – webPSOLIS
<b>Definition:</b>	A flag indicating whether the consumer's primary carer is aware of the referral.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – Unknown

## Guide for use

Collection of this data element is conditional – if the consumer has a carer this data element must be completed.

## Examples

	Carer Aware
A consumer is referred to a triage service event alone and without the knowledge of his carer.	0

## Related national definition

N/A

## Revision history

N/A

## Consumer Agreeable

<b>Field name:</b>	isclientagreeableofreferral
<b>Source data element(s):</b>	[Consumer Agreeable] – webPSOLIS
<b>Definition:</b>	A flag indicating whether the consumer is agreeable to the referral.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – Unknown

### Guide for use

Collection of this data element is mandatory.

### Examples

	Consumer Agreeable
A consumer attends a triage service event and disagrees with the referral.	0

### Related national definition

N/A

### Revision history

N/A

## Consumer Aware

<b>Field name:</b>	isclientawareofreferral
<b>Source data element(s):</b>	[Consumer Aware] – webPSOLIS
<b>Definition:</b>	A flag indicating whether the consumer is aware of the referral.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – Unknown

### Guide for use

Collection of this data element is mandatory.

### Examples

	Consumer Aware
A consumer attends a triage service event and has no knowledge of the referral.	0

### Related national definition

N/A

### Revision history

N/A



## Consumer Present

<b>Field name:</b>	consumerpresent
<b>Source data element(s):</b>	[Consumer Present] – webPSOLIS
<b>Definition:</b>	A flag indicating whether the consumer was present at the triage service event.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

## Guide for use

Collection of this data element is mandatory.

<p><b>Permitted value definitions</b></p> <p><i>0 – No</i></p> <p>This code is to be used for triage service events between a specialised mental health service provider and a third party(ies) where the consumer, in whose clinical record the service contact would normally warrant a dated entry, is not participating.</p> <p><i>1 – Yes</i></p> <p>This code is to be used for triage service events between a specialised mental health service provider and the consumer in whose clinical record the service contact would normally warrant a dated entry, where the consumer is participating.</p>
---

This data element is used to indicate whether the mental health consumer was present during a triage service event.

Triage service events are not restricted to in-person communication but can include telephone, video link or other forms of direct communication.

## Examples

	Consumer Present
A mental health consumer attends a face to face appointment with a clinician for an assessment.	1
A clinician records a clinical record keeping service event item for a consumer.	0
A family meeting is provided with both the consumer and the consumer's carer present during the service event.	1

## **Related national definition**

<https://meteor.aihw.gov.au/content/677806>

## **Revision history**

N/A

## Contact With

<b>Field name:</b>	contactid
<b>Source data element(s):</b>	[Contact With] – webPSOLIS
<b>Definition:</b>	Identifies the type of contact communication has occurred with during a triage event.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	1 – Primary carer 2 – Family member 3 – Nominated person 4 – Personal support person 5 – General practitioner 6 – Referrer 7 – Other

## Guide for use

Collection of this data element is mandatory.

## Examples

	Contact With
During the triage event communication takes place with the consumer's mother and his general practitioner.	2, 5

## Related national definition

N/A

## Revision history

N/A

## Designation

<b>Field name:</b>	designation
<b>Source data element(s):</b>	[Designation] – webPSOLIS
<b>Definition:</b>	The profession of the person performing the triage.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	String
<b>Format:</b>	X[X(799)]
<b>Permitted values:</b>	Alphanumeric combination

## Guide for use

Collection of this data element is mandatory.

## Examples

	Triaged By Designation
A consumer presents to a regional mental health service and a triage event is created.	Aboriginal Mental Health Worker

## Related national definition

N/A

## Revision history

N/A

## Guardianship Act Status

<b>Field name:</b>	guardianshipactstatus
<b>Source data element(s):</b>	[Guardianship Act Status] – webPSOLIS
<b>Definition:</b>	Identifies the consumer’s legal status under the <i>Guardianship and Administration Act (1990)</i>
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

The *Guardianship and Administration Act (1990)* recognises that people who are not capable of making reasonable judgements for themselves may need someone to make decisions for them not only to ensure their quality of life is maintained, but also to protect them from the risk of neglect, exploitation and abuse.

The Act provides that the State Administrative Tribunal (SAT) may appoint a guardian and/or administrator for a person with a decision-making disability as a substitute decision-maker.

### Examples

	Guardianship Act Status
A guardian has been appointed for the consumer undergoing the triage event.	1

### Related national definition

N/A

### Revision history

N/A

## Mental Health Act Status

<b>Field name:</b>	mhactstatus
<b>Source data element(s):</b>	[Mental Health Act Status] – webPSOLIS
<b>Definition:</b>	Identifies the consumer's legal status under the <i>Mental Health Act 2014</i>
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

The *Mental Health Act 2014* introduced new principles to support people experiencing mental illness to make and participate in treatment decisions and to have their views and preferences considered and respected.

The Act includes provisions for supported decision making and consent to medical treatment. It also supports advocacy, diversity, privacy and complaints processes.

### Examples

	Mental Health Act Status
A consumer has been made an involuntary patient on a community treatment order.	1

### Related national definition

N/A

### Revision history

N/A

## Triage End Date

<b>Field name:</b>	enddate
<b>Source data element(s):</b>	[Triage End Date] – webPSOLIS
<b>Definition:</b>	The end date of the triage service event.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Datetime
<b>Format:</b>	YYYY-MM-DD HH:MM
<b>Permitted values:</b>	Valid date and time

## Guide for use

Collection of this data element is mandatory.

## Examples

	Triage End Date
A user creates a triage service event with an end date of 3 May 2022.	2022-05-03

## Related national definition

N/A

## Revision history

N/A

## Triage Identifier

<b>Field name:</b>	id
<b>Source data element(s):</b>	[Triage Identifier] – webPSOLIS
<b>Definition:</b>	The unique identifier (surrogate key) for the triage event that created the referral.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N(8)
<b>Permitted values:</b>	Unique numeric identifier

## Guide for use

Collection of this data element is mandatory.

This data element is the unique, system generated number assigned to each triage event created in webPSOLIS.

## Examples

	Triage Identifier
A consumer presents to a clinic with a mental health problem and the triage function is used to create a referral.	23590964

## Related national definition

N/A

## Revision history

N/A



## Triage Outcome

<b>Field name:</b>	triageoutcomeid
<b>Source data element(s):</b>	[Triage Outcome] – webPSOLIS
<b>Definition:</b>	Identifies the outcome of a triage event.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	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

## Guide for use

Collection of this data element is mandatory.

Triage outcome indicates if there is a need for additional clinical intervention, and whether a referral to community or inpatient mental health services will be progressed.

## Examples

	Triage Outcome
A consumer presents to a clinic with a triage presenting problem of experiencing disturbed thoughts. It is determined the consumer should be referred to community mental health services for further assessment within two days.	8 – Referred to clinical intake
A consumer presents to an emergency department with a triage presenting problem of intentional self-harm. It is determined the consumer should be immediately admitted to hospital.	1 – To be admitted to service
A consumer telephones a mental health help line, and the triage presenting problem is assessed as a legal problem. It is determined that no further action is required by mental health services.	3 – No further action

## Related national definition

N/A

## Revision history

N/A

## Triage Presenting Problem

<b>Field name:</b>	problemед
<b>Source data element(s):</b>	[Triage Presenting Problem] – webPSOLIS
<b>Definition:</b>	Indicates the consumer’s presenting problem at triage.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N(4)
<b>Permitted values:</b>	As per Appendix C – Triage problem codes

### Guide for use

Collection of this data element is mandatory.

This data element is used to indicate the consumer’s principal presenting problem at triage, for example: risk of harm to self, depressed mood and existing mental illness. Provides the basis from which the triage severity identifier is determined.

The triage presenting problem reported must be a valid code as per the list detailed in Appendix C of this document.

### Examples

	Triage Presenting Problem
A consumer presents to a clinic with a problem of experiencing disturbed thoughts. It is determined the client should be referred to community mental health services for further assessment within two days.	14 – Disturbed thoughts, delusions etc.
A consumer presents to an ED with a problem of intentional self-harm. It is determined that the client should immediately be admitted to hospital.	35 – Deliberate self-harm
A consumer telephones a mental health help line, and the triage presenting problem is assessed as a legal problem. It is determined that no further action is required by mental health services.	22 – Legal problems

### Related national definition

N/A

### Revision history

N/A

## Triage Referral Indicator

<b>Field name:</b>	trriage_referral_indicator
<b>Source data element(s):</b>	[Triage Referral Indicator] – PSOLIS
<b>Definition:</b>	Flag to indicate if a referral was created via the triage module
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

### Examples

	Triage Referral Indicator
A consumer presents to a clinic with a triage presenting problem of experiencing disturbed thoughts. It is determined the consumer should be referred to community mental health services for further assessment within two days. An entry is made via the PSOLIS triage module.	1
A consumer telephones a mental health help line, and the triage presenting problem is assessed as a legal problem. It is determined that no further action is required by mental health services. An entry is NOT made via the PSOLIS triage module.	0

### Related national definition

N/A

### Revision history

N/A

## Triage Referral Purpose

<b>Field name:</b>	referralpurposeid
<b>Source data element(s):</b>	[Triage Referral Purpose] – webPSOLIS
<b>Definition:</b>	Flag to indicate the reason the triage referral was created
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – Seeking assistance/referral 1 – Information 2 – Assessment 3 – GP phone advice 4 – GP liaison

### Guide for use

Collection of this data element is mandatory.

### Examples

	Triage Referral Purpose
A consumer is referred to the mental health service to be assessed.	2
A triage referral is created as a result of information received over the telephone from a consumer's GP.	3

### Related national definition

N/A

### Revision history

N/A

## Triage Referral Reason

<b>Field name:</b>	referralreason
<b>Source data element(s):</b>	[Triage Referral Reason] – webPSOLIS
<b>Definition:</b>	The reason for the consumer’s referral.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	String
<b>Format:</b>	X[X(3999)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is mandatory.

### Examples

	Triage Referral Reason
A consumer is referred to the mental health service after threatening to take his own life.	Suicidality

### Related national definition

N/A

### Revision history

N/A

## Triage Service Event Identifier

<b>Field name:</b>	serviceeventid
<b>Source data element(s):</b>	[Triage Service Event Identifier] – webPSOLIS
<b>Definition:</b>	The unique identifier (surrogate key) for the service event created by the triage event.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N(8)
<b>Permitted values:</b>	Unique numeric identifier

### Guide for use

Collection of this data element is mandatory.

This data element is the unique, system generated number assigned to each triage service event created in webPSOLIS.

### Examples

	Triage Service Event Identifier
A consumer presents to a clinic with a mental health problem and the triage function is used to create a service event.	13690964

### Related national definition

N/A

### Revision history

N/A

## Triage Start Date

<b>Field name:</b>	startdate
<b>Source data element(s):</b>	[Triage Start Date] – webPSOLIS
<b>Definition:</b>	The start date of the triage service event.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Datetime
<b>Format:</b>	YYYY-MM-DD HH:MM
<b>Permitted values:</b>	Valid date and time

## Guide for use

Collection of this data element is mandatory.

## Examples

	Triage Start Date
A user creates a triage service event with a start date of 1pm 12 June 2022.	2022-06-12 13:00

## Related national definition

N/A

## Revision history

N/A

## Triage Urgency

<b>Field name:</b>	triageseverityid
<b>Source data element(s):</b>	[Triage Urgency] – webPSOLIS
<b>Definition:</b>	Numeric identifier indicating the urgency of the triage service event and recommended wait time for an assessment service event item.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N(2)
<b>Permitted values:</b>	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

## Guide for use

Collection of this data element is mandatory.

Since November 2015 mental health consumers are triaged into one of seven categories on the selected triage scale.

The category assigned is dependent on the triaging clinician's response to this question:  
*This patient should wait for medical care no longer than...?*

Triage urgency must be assigned by an appropriately qualified triage worker.

If the triage urgency category assigned to the consumer changes, the most urgent category is recorded.

### Permitted value definitions

#### *A. Immediate*

Extreme urgency; immediate response requiring police/ambulance or other service (e.g. overdose, siege, imminent violence).

#### *B. Within 2 hours*

High urgency; see within 2 hours or present to Psychiatric Emergency Service or emergency department in general hospital (e.g. acute suicidality, threatening violence, acute severe non-recurrent stress).

#### *C. Within 12 hours*



Medium urgency; see within 12 hours (e.g. distressed, suicidal ideation of moderate to severe nature, disturbed behaviour).

*D. Within 48 hours*

Low urgency; see within 48 hours (e.g. moderate distress, has some supports in place but situation becoming more tenuous).

*E. Within 2 weeks*

Non-urgent; see within 2 weeks.

*F. Requires further triage contact/follow up*

Further contact or follow up required.

*G. No further action*

Requires no further action.

## Examples

	Triage Severity
A consumer presents to a clinic with a problem of experiencing disturbed thoughts. It is determined the consumer should be referred to community mental health services for further assessment within two days.	12 – D. Within 48 hours
A consumer presents to an emergency department with a triage presenting problem of intentional self-harm. It is determined that the consumer should be immediately admitted to hospital.	9 – A. Immediate
A consumer telephones a mental health help line, and the triage presenting problem is assessed as a legal problem. It is determined that no further action is required by mental health services.	15 – G. No further action
A consumer telephones a clinic, and the triage presenting problem concerns family problems. It is determined that a community visit should be undertaken within 12 hours.	11 – C. Within 12 hours

## Related national definition

N/A

## Revision history

N/A

## Triaged By HE Number

<b>Field name:</b>	triagedbyuserid
<b>Source data element(s):</b>	[Triaged By HE Number] – webPSOLIS
<b>Definition:</b>	The health employee (HE) number of the person performing the triage event.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	String
<b>Format:</b>	X[X(9)]
<b>Permitted values:</b>	Valid HE number

### Guide for use

Collection of this data element is mandatory.

### Examples

	Triaged By HE Number
A user creates a triage service event.	HE999990

### Related national definition

N/A

### Revision history

N/A

### **13. Risk assessment and management plan**

The following section provides specific information about the risk assessment and management plan data elements captured in the MHDC, including definitions, permitted values, guide for use, rules and operational examples.

All information relating to data elements in this data dictionary is specific to the MHDC, and caution should be taken if these data elements are compared with those of other data collections. Where relevant, related national definitions have been referenced.

## Access to Available Means

<b>Field name:</b>	accesstoavailablemeans
<b>Source data element(s):</b>	[Access to Available Means] – webPSOLIS
<b>Definition:</b>	Flag to indicate if access to available means is a current violence/aggression risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – Unknown

### Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether access to available means is a current violence/aggression risk factor for the consumer undergoing the RAMP.

### Examples

	Access to Available Means
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that access to available means is a current violence/aggression risk factor.	1
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that access to available means is not a current violence/aggression risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## Access to Means

<b>Field name:</b>	accesstomeans
<b>Source data element(s):</b>	[Access to Means] – webPSOLIS
<b>Definition:</b>	Flag to indicate if access to means is a current suicide risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – Unknown

## Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether access to means is a current suicide risk factor for the consumer undergoing the RAMP.

## Examples

	Access to Means
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that access to means is a current suicide risk factor.	1
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that access to means is not a current suicide risk factor.	0

## Related national definition

N/A

## Revision history

N/A

## Afraid of Somebody

<b>Field name:</b>	afraidofsomebody
<b>Source data element(s):</b>	[Afraid of Somebody] – webPSOLIS
<b>Definition:</b>	Flag to indicate if afraid of somebody is a family and domestic violence risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether afraid of somebody is a family and domestic violence risk factor for the consumer undergoing the RAMP.

### Examples

	Afraid of Somebody
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that afraid of somebody is a family and domestic violence risk factor.	1
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that afraid of somebody is not a family and domestic violence risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## Anger, Frustration or Agitation

<b>Field name:</b>	angerfrustrationoragitation
<b>Source data element(s):</b>	[Anger, Frustration or Agitation] – webPSOLIS
<b>Definition:</b>	Flag to indicate if anger, frustration or agitation is a current violence/aggression risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – Unknown

### Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether anger, frustration or agitation is a current violence/aggression risk factor for the consumer undergoing the RAMP.

### Examples

	Anger, Frustration or Agitation
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that anger, frustration or agitation is a current violence/aggression risk factor.	1
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that anger, frustration or agitation is not a current violence/aggression risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## Childhood Abuse / Maladjustment

<b>Field name:</b>	childhoodabusemaladjustment
<b>Source data element(s):</b>	[Childhood Abuse / Maladjustment] – webPSOLIS
<b>Definition:</b>	Flag to indicate if childhood abuse / maladjustment is a background general risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – Unknown

### Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether childhood abuse / maladjustment is a background general risk factor for the consumer undergoing the RAMP.

### Examples

	Childhood Abuse / Maladjustment
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that childhood abuse / maladjustment is a background general risk factor.	1
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that childhood abuse / maladjustment is not a background general risk factor.	0

### Related national definition

N/A

### Revision history

N/A



## Command Hallucinations

<b>Field name:</b>	commandhallucinations
<b>Source data element(s):</b>	[Command Hallucinations] – webPSOLIS
<b>Definition:</b>	Flag to indicate if command hallucinations is a current violence/aggression risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – Unknown

### Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether command hallucinations is a current violence/aggression risk factor for the consumer undergoing the RAMP.

### Examples

	Command Hallucinations
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that command hallucinations is a current violence/aggression risk factor.	1
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that command hallucinations is not a current violence/aggression risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## Contact with Vulnerable Person/s

<b>Field name:</b>	contactwithvulnerablepersons
<b>Source data element(s):</b>	[Contact with Vulnerable Person/s] – webPSOLIS
<b>Definition:</b>	Flag to indicate if contact with vulnerable person/s is a current violence/aggression risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – Unknown

### Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether contact with vulnerable person/s is a current violence/aggression risk factor for the consumer undergoing the RAMP.

### Examples

	Contact with Vulnerable Person/s
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that contact with vulnerable person/s is a current violence/aggression risk factor.	1
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that contact with vulnerable person/s is not a current violence/aggression risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## Current Delusional Beliefs

<b>Field name:</b>	currentdelusionalbeliefs
<b>Source data element(s):</b>	[Current Delusional Beliefs] – webPSOLIS
<b>Definition:</b>	Flag to indicate if current delusional beliefs is a current other risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – Unknown

### Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether current delusional beliefs is a current other risk factor for the consumer undergoing the RAMP.

### Examples

	Current Delusional Beliefs
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that current delusional beliefs is a current other risk factor.	1
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that current delusional beliefs is not a current other risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## Current Intoxication / Withdrawal

<b>Field name:</b>	currentintoxicationwithdrawal
<b>Source data element(s):</b>	[Current Intoxication / Withdrawal] – webPSOLIS
<b>Definition:</b>	Flag to indicate if intoxication or withdrawal is a current general risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – Unknown

### Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether intoxication or withdrawal is a current general risk factor for the consumer undergoing the RAMP.

### Examples

	Current Intoxication / Withdrawal
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that intoxication is a current general risk factor.	1
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that neither intoxication nor withdrawal is a current general risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## Current Plan / Intent

<b>Field name:</b>	currentplanintent
<b>Source data element(s):</b>	[Current Plan / Intent] – webPSOLIS
<b>Definition:</b>	Flag to indicate if current plan or intent is a current suicide risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – Unknown

## Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether current plan or intent is a current suicide risk factor for the consumer undergoing the RAMP.

## Examples

	Current Plan / Intent
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that intent is a current suicide risk factor.	1
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that neither current plan nor intent is a current suicide risk factor.	0

## Related national definition

N/A

## Revision history

N/A

## Desire / Intent to Leave Hospital

<b>Field name:</b>	desiretoleavehospital
<b>Source data element(s):</b>	[Desire / Intent to Leave Hospital] – webPSOLIS
<b>Definition:</b>	Flag to indicate if desire or intent to leave hospital is a current other risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – Unknown

### Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether desire or intent to leave hospital is a current other risk factor for the consumer undergoing the RAMP.

### Examples

	Desire / Intent to Leave Hospital
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that intent to leave hospital is a current other risk factor.	1
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that neither desire nor intent to leave hospital is a current other risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## Diagnosed Personality Disorder

<b>Field name:</b>	diagnosedpersonalitydisorder
<b>Source data element(s):</b>	[Diagnosed Personality Disorder] – webPSOLIS
<b>Definition:</b>	Flag to indicate if diagnosed personality disorder is a background general risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – Unknown

### Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether diagnosed personality disorder is a background general risk factor for the consumer undergoing the RAMP.

### Examples

	Diagnosed Personality Disorder
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that diagnosed personality disorder is a background general risk factor.	1
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that diagnosed personality disorder is not a background general risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## Disinhibition / Intrusive / Impulsive Behaviour

<b>Field name:</b>	disinhibitionintrusiveimpulsivebehaviour
<b>Source data element(s):</b>	[Disinhibition / Intrusive / Impulsive Behaviour] – webPSOLIS
<b>Definition:</b>	Flag to indicate if disinhibition, intrusive or impulsive behaviour is a current general risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – Unknown

### Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether disinhibition, intrusive or impulsive behaviour is a current general risk factor for the consumer undergoing the RAMP.

### Examples

	Disinhibition / Intrusive / Impulsive Behaviour
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that intrusive behaviour is a current general risk factor.	1
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that neither disinhibition, nor intrusive or impulsive behaviour, is a current general risk factor.	0

### Related national definition

N/A

### Revision history

N/A



## Disorientation or Disorganisation

<b>Field name:</b>	disorientationordisorganisation
<b>Source data element(s):</b>	[Disorientation or Disorganisation] – webPSOLIS
<b>Definition:</b>	Flag to indicate if disorientation or disorganisation is a current general risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – Unknown

### Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether disorientation or disorganisation is a current general risk factor for the consumer undergoing the RAMP.

### Examples

	Disorientation or Disorganisation
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that disorganisation is a current general risk factor.	1
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that neither disorientation nor disorganisation is a current general risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## Driving

<b>Field name:</b>	driving
<b>Source data element(s):</b>	[Driving] – webPSOLIS
<b>Definition:</b>	Flag to indicate if driving is a current other risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – Unknown

## Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether driving is a current other risk factor for the consumer undergoing the RAMP.

## Examples

	Driving
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that driving is a current other risk factor.	1
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that driving is not a current other risk factor.	0

## Related national definition

N/A

## Revision history

N/A

## Emotional Distress / Agitation

<b>Field name:</b>	emotionaldistressagitation
<b>Source data element(s):</b>	[Emotional Distress / Agitation] – webPSOLIS
<b>Definition:</b>	Flag to indicate if emotional distress or agitation is a current general risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – Unknown

### Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether emotional distress or agitation is a current general risk factor for the consumer undergoing the RAMP.

### Examples

	Emotional Distress / Agitation
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that agitation is a current general risk factor.	1
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that neither emotional distress nor agitation is a current general risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## Expressing High Levels of Distress

<b>Field name:</b>	expressinghighlevelsofdistress
<b>Source data element(s):</b>	[Expressing High Levels of Distress] – webPSOLIS
<b>Definition:</b>	Flag to indicate if expressing high levels of distress is a current suicide risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – Unknown

### Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether expressing high levels of distress is a current suicide risk factor for the consumer undergoing the RAMP.

### Examples

	Expressing High Levels of Distress
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that expressing high levels of distress is a current suicide risk factor.	1
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that expressing high levels of distress is not a current suicide risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## Expressing Intent to Harm Others

<b>Field name:</b>	expressingintenttoharmothers
<b>Source data element(s):</b>	[Expressing Intent to Harm Others] – webPSOLIS
<b>Definition:</b>	Flag to indicate if expressing intent to harm others is a current violence/aggression risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – Unknown

### Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether expressing intent to harm others is a current violence/aggression risk factor for the consumer undergoing the RAMP.

### Examples

	Expressing Intent to Harm Others
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that expressing intent to harm others is a current violence/aggression risk factor.	1
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that expressing intent to harm others is not a current violence/aggression risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## Expressing Suicidal Ideas

<b>Field name:</b>	expressingsuicidalideas
<b>Source data element(s):</b>	[Expressing Suicidal Ideas] – webPSOLIS
<b>Definition:</b>	Flag to indicate if expressing suicidal ideas is a current suicide risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – Unknown

### Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether expressing suicidal ideas is a current suicide risk factor for the consumer undergoing the RAMP.

### Examples

	Expressing Suicidal Ideas
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that expressing suicidal ideas is a current suicide risk factor.	1
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that expressing suicidal ideas is not a current suicide risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## Family and Domestic Violence

<b>Field name:</b>	familyanddomesticviolence
<b>Source data element(s):</b>	[Family and Domestic Violence] – webPSOLIS
<b>Definition:</b>	Flag to indicate if family and domestic violence is a current other risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – Unknown

### Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether family and domestic violence is a current other risk factor for the consumer undergoing the RAMP.

### Examples

	Family and Domestic Violence
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that family and domestic violence is a current other risk factor.	1
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that family and domestic violence is not a current other risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## Family History of Suicide

<b>Field name:</b>	familyhistoryofsuicide
<b>Source data element(s):</b>	[Family History of Suicide] – webPSOLIS
<b>Definition:</b>	Flag to indicate if family history of suicide is a background suicide risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – Unknown

### Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether family history of suicide is a background suicide risk factor for the consumer undergoing the RAMP.

### Examples

	Family History of Suicide
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that family history of suicide is a background suicide risk factor.	1
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that family history of suicide is not a background suicide risk factor.	0

### Related national definition

N/A

### Revision history

N/A



## Forensic History

<b>Field name:</b>	forensichistory
<b>Source data element(s):</b>	[Forensic History] – webPSOLIS
<b>Definition:</b>	Flag to indicate if forensic history is a background violence/aggression risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – Unknown

## Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether forensic history is a background violence/aggression risk factor for the consumer undergoing the RAMP.

## Examples

	Forensic History
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that forensic history is a background violence/aggression risk factor.	1
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that forensic history is not a background violence/aggression risk factor.	0

## Related national definition

N/A

## Revision history

N/A

## General Risk Factors – Background Other

<b>Field name:</b>	generalbackgroundother
<b>Source data element(s):</b>	[General Risk Factors – Background Other] – webPSOLIS
<b>Definition:</b>	Other background general risk factors applicable to the consumer.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	String
<b>Format:</b>	[X(1000)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is optional.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to detail other background general risk factors for the consumer undergoing the RAMP.

### Examples

	General Risk Factors – Background Other
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that impulsivity is a background general risk factor.	Impulsivity

### Related national definition

N/A

### Revision history

N/A

## General Risk Factors Comments

<b>Field name:</b>	generalcomments
<b>Source data element(s):</b>	[General Risk Factors Comments] – webPSOLIS
<b>Definition:</b>	Other information relating to general risk factors applicable to the consumer.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	String
<b>Format:</b>	[X(4000)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is optional.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to detail other information relating to general risk factors for the consumer undergoing the RAMP.

### Examples

	General Risk Factors Comments
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment learns that the consumer is still attending a hazardous workplace despite being unwell and unproductive.	Presenteeism occurring.

### Related national definition

N/A

### Revision history

N/A

## General Risk Factors – Current Other

<b>Field name:</b>	generalcurrentother
<b>Source data element(s):</b>	[General Risk Factors – Current Other] – webPSOLIS
<b>Definition:</b>	Other current general risk factors applicable to the consumer.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	String
<b>Format:</b>	[X(1000)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is optional.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to detail other current general risk factors for the consumer undergoing the RAMP.

### Examples

	General Risk Factors – Current Other
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that impulsivity is a current general risk factor.	Impulsivity

### Related national definition

N/A

### Revision history

N/A

## History of Absconding

<b>Field name:</b>	historyofabsconding
<b>Source data element(s):</b>	[History of Absconding] – webPSOLIS
<b>Definition:</b>	Flag to indicate if history of absconding is a background other risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – Unknown

### Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether history of absconding is a background other risk factor for the consumer undergoing the RAMP.

### Examples

	History of Absconding
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that history of absconding is a background other risk factor.	1
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that history of absconding is not a background other risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## History of Exploitation

<b>Field name:</b>	historyofexploitation
<b>Source data element(s):</b>	[History of Exploitation] – webPSOLIS
<b>Definition:</b>	Flag to indicate if history of exploitation is a background other risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – Unknown

### Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether history of exploitation is a background other risk factor for the consumer undergoing the RAMP.

### Examples

	History of Exploitation
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that history of exploitation is a background other risk factor.	1
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that history of exploitation is not a background other risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## History of Falls or Other Accidents

<b>Field name:</b>	historyofaccidents
<b>Source data element(s):</b>	[History of Falls or Other Accidents] – webPSOLIS
<b>Definition:</b>	Flag to indicate if history of falls or other accidents is a background other risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – Unknown

### Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether history of falls or other accidents is a background other risk factor for the consumer undergoing the RAMP.

### Examples

	History of Falls or Other Accidents
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that history of falls or other accidents is a background other risk factor.	1
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that history of falls or other accidents is not a background other risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## History of Family and Domestic Violence

<b>Field name:</b>	historyoffamilyviolence
<b>Source data element(s):</b>	[History of Family and Domestic Violence] – webPSOLIS
<b>Definition:</b>	Flag to indicate if history of family and domestic violence is a background other risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – Unknown

### Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether history of family and domestic violence is a background other risk factor for the consumer undergoing the RAMP.

### Examples

	History of Family and Domestic Violence
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that history of family and domestic violence is a background other risk factor.	1
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that history of family and domestic violence is not a background other risk factor.	0

### Related national definition

N/A

### Revision history

N/A



## History of Financial Vulnerability

<b>Field name:</b>	historyoffinancialvulnerability
<b>Source data element(s):</b>	[History of Financial Vulnerability] – webPSOLIS
<b>Definition:</b>	Flag to indicate if history of financial vulnerability is a background other risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – Unknown

### Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether history of financial vulnerability is a background other risk factor for the consumer undergoing the RAMP.

### Examples

	History of Financial Vulnerability
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that history of financial vulnerability is a background other risk factor.	1
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that history of financial vulnerability is not a background other risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## History of Harm to Children or Dependants

<b>Field name:</b>	historyofharmtochildren
<b>Source data element(s):</b>	[History of Harm to Children or Dependants] – webPSOLIS
<b>Definition:</b>	Flag to indicate if history of harm to children or dependants is a background other risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – Unknown

### Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether history of harm to children or dependants is a background other risk factor for the consumer undergoing the RAMP.

### Examples

	History of Harm to Children or Dependants
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that history of harm to children or dependants is a background other risk factor.	1
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that history of harm to children or dependants is not a background other risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## History of Neglect of a Serious Medical Condition

<b>Field name:</b>	historyofneglectseriousmedicalcondition
<b>Source data element(s):</b>	[History of Neglect of a Serious Medical Condition] – webPSOLIS
<b>Definition:</b>	Flag to indicate if history of neglect of a serious medical condition is a background other risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – Unknown

### Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether history of neglect of a serious medical condition is a background other risk factor for the consumer undergoing the RAMP.

### Examples

	History of Neglect of a Serious Medical Condition
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that history of neglect of a serious medical condition is a background other risk factor.	1
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that history of neglect of a serious medical condition is not a background other risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## History of No Fixed Permanent Address

<b>Field name:</b>	historyofnofixedpermanentaddress
<b>Source data element(s):</b>	[History of No Fixed Permanent Address] – webPSOLIS
<b>Definition:</b>	Flag to indicate if history of no fixed permanent address is a background other risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – Unknown

### Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether history of no fixed permanent address is a background other risk factor for the consumer undergoing the RAMP.

### Examples

	History of No Fixed Permanent Address
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that history of no fixed permanent address is a background other risk factor.	1
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that history of no fixed permanent address is not a background other risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## History of Non-adherence

<b>Field name:</b>	historyofnonadherence
<b>Source data element(s):</b>	[History of Non-adherence] – webPSOLIS
<b>Definition:</b>	Flag to indicate if history of non-adherence is a background other risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – Unknown

### Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether history of non-adherence is a background other risk factor for the consumer undergoing the RAMP.

### Examples

	History of Non-adherence
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that history of non-adherence is a background other risk factor.	1
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that history of non-adherence is not a background other risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## History of Physical / Sexual Victimization

<b>Field name:</b>	historyofphysicalsexualvictim
<b>Source data element(s):</b>	[History of Physical / Sexual Victimization] – webPSOLIS
<b>Definition:</b>	Flag to indicate if history of physical or sexual victimization is a background other risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – Unknown

### Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether history of physical or sexual victimization is a background other risk factor for the consumer undergoing the RAMP.

### Examples

	History of Physical / Sexual Victimization
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that history of physical victimization is a background other risk factor.	1
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that neither history of physical nor sexual victimization is a background other risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## History of Predatory Behaviour

<b>Field name:</b>	historyofpredatorybehaviour
<b>Source data element(s):</b>	[History of Predatory Behaviour] – webPSOLIS
<b>Definition:</b>	Flag to indicate if history of predatory behavior is a background violence/aggression risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – Unknown

### Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether history of predatory behaviour is a background violence/aggression risk factor for the consumer undergoing the RAMP.

### Examples

	History of Predatory Behaviour
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that history of predatory behaviour is a background violence/aggression risk factor.	1
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that history of predatory behaviour is not a background violence/aggression risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## History of Risk of Homelessness

<b>Field name:</b>	historyofriskofhomelessness
<b>Source data element(s):</b>	[History of Risk of Homelessness] – webPSOLIS
<b>Definition:</b>	Flag to indicate if history of risk of homelessness is a background other risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – Unknown

### Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether history of risk of homelessness is a background other risk factor for the consumer undergoing the RAMP.

### Examples

	History of Risk of Homelessness
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that history of risk of homelessness is a background other risk factor.	1
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that history of risk of homelessness is not a background other risk factor.	0

### Related national definition

N/A

### Revision history

N/A



## History of Self Harm

<b>Field name:</b>	historyofselfharm
<b>Source data element(s):</b>	[History of Self Harm] – webPSOLIS
<b>Definition:</b>	Flag to indicate if history of self harm is a background suicide risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – Unknown

### Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether history of self harm is a background suicide risk factor for the consumer undergoing the RAMP.

### Examples

	History of Self Harm
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that history of self harm is a background suicide risk factor.	1
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that history of self harm is not a background suicide risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## Homelessness / Despair

<b>Field name:</b>	homelessnessdespair
<b>Source data element(s):</b>	[Homelessness / Despair] – webPSOLIS
<b>Definition:</b>	Flag to indicate if homelessness or despair is a current suicide risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – Unknown

### Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether homelessness or despair is a current suicide risk factor for the consumer undergoing the RAMP.

### Examples

	Homelessness / Despair
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that homelessness is a current suicide risk factor.	1
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that neither homelessness nor despair is a current suicide risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## Impaired Cognition / Judgement / Self-control

<b>Field name:</b>	impairedcognition
<b>Source data element(s):</b>	[Impaired Cognition / Judgement / Self-control] – webPSOLIS
<b>Definition:</b>	Flag to indicate if impaired cognition, judgement or self-control is a current other risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – Unknown

### Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether impaired cognition, judgement or self-control is a current other risk factor for the consumer undergoing the RAMP.

### Examples

	Impaired Cognition / Judgement / Self-control
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that impaired judgement is a current other risk factor.	1
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that neither impaired cognition, judgment nor self-control is a current other risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## Intellectual Disability / Cognitive Deficits

<b>Field name:</b>	intellectualdisabilitycognitivedeficits
<b>Source data element(s):</b>	[Intellectual Disability / Cognitive Deficits] – webPSOLIS
<b>Definition:</b>	Flag to indicate if intellectual disability / cognitive deficits is a background general risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – Unknown

### Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether intellectual disability / cognitive deficits is a background general risk factor for the consumer undergoing the RAMP.

### Examples

	Intellectual Disability / Cognitive Deficits
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that intellectual disability / cognitive deficits is a background general risk factor.	1
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that intellectual disability / cognitive deficits is not a background general risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## Isolation / Lack of Support/Supervision

<b>Field name:</b>	isolationlackofsupportsupervision
<b>Source data element(s):</b>	[Isolation / Lack of Support/Supervision] – webPSOLIS
<b>Definition:</b>	Flag to indicate if isolation or a lack of support/supervision is a background suicide risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – Unknown

### Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether isolation or a lack of support/supervision is a background suicide risk factor for the consumer undergoing the RAMP.

### Examples

	Isolation / Lack of Support/Supervision
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that lack of supervision is a background suicide risk factor.	1
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that neither isolation nor a lack of support/supervision is a background suicide risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## Major Psychiatric Illness

<b>Field name:</b>	majorpsychiatricillness
<b>Source data element(s):</b>	[Major Psychiatric Illness] – webPSOLIS
<b>Definition:</b>	Flag to indicate if major psychiatric illness is a background general risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – Unknown

### Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether major psychiatric illness is a background general risk factor for the consumer undergoing the RAMP.

### Examples

	Major Psychiatric Illness
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that major psychiatric illness is a background general risk factor.	1
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that major psychiatric illness is not a background general risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## No Fixed Permanent Address

<b>Field name:</b>	nofixedpermanentaddress
<b>Source data element(s):</b>	[No Fixed Permanent Address] – webPSOLIS
<b>Definition:</b>	Flag to indicate if no fixed permanent address is a current other risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – Unknown

### Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether no fixed permanent address is a current other risk factor for the consumer undergoing the RAMP.

### Examples

	No Fixed Permanent Address
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that no fixed permanent address is a current other risk factor.	1
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that no fixed permanent address is not a current other risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## Non-adherence to Medications / Treatment

<b>Field name:</b>	nonadherencetomedications
<b>Source data element(s):</b>	[Non-adherence to Medications / Treatment] – webPSOLIS
<b>Definition:</b>	Flag to indicate if non-adherence to medications or treatment is a current other risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – Unknown

### Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether non-adherence to medications or treatment is a current other risk factor for the consumer undergoing the RAMP.

### Examples

	Non-adherence to Medications / Treatment
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that non-adherence to medications is a current other risk factor.	1
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that neither non-adherence to medications nor treatment is a current other risk factor.	0

### Related national definition

N/A

### Revision history

N/A



## Other Risk Factors – Background Other

<b>Field name:</b>	otherbackgroundother
<b>Source data element(s):</b>	[Other Risk Factors – Background Other] – webPSOLIS
<b>Definition:</b>	Other background other risk factors applicable to the consumer.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	String
<b>Format:</b>	[X(1000)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is optional.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to detail other background other risk factors for the consumer undergoing the RAMP.

### Examples

	Other Risk Factors – Background Other
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that impulsivity is a background other risk factor.	Impulsivity

### Related national definition

N/A

### Revision history

N/A

## Other Risk Factors – Comments

<b>Field name:</b>	othercomments
<b>Source data element(s):</b>	[Other Risk Factors – Comments] – webPSOLIS
<b>Definition:</b>	Other information relating to other risk factors applicable to the consumer.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	String
<b>Format:</b>	[X(4000)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is optional.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to detail other information relating to other risk factors for the consumer undergoing the RAMP.

### Examples

	Other Risk Factors – Comments
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment learns that the consumer is still attending a hazardous workplace despite being unwell and unproductive.	Presenteeism occurring.

### Related national definition

N/A

### Revision history

N/A

## Other Risk Factors – Current Other

<b>Field name:</b>	othercurrentother
<b>Source data element(s):</b>	[Other Risk Factors – Current Other] – webPSOLIS
<b>Definition:</b>	Other current other risk factors applicable to the consumer.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	String
<b>Format:</b>	[X(1000)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is optional.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to detail other current other risk factors for the consumer undergoing the RAMP.

### Examples

	Other Risk Factors – Current Other
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that impulsivity is a current other risk factor.	Impulsivity

### Related national definition

N/A

### Revision history

N/A

## Overall Assessment of Risk

<b>Field name:</b>	overallassessment
<b>Source data element(s):</b>	[Overall Assessment of Risk] – webPSOLIS
<b>Definition:</b>	The overall assessment of the consumer’s level of risk.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	String
<b>Format:</b>	X[X(3999)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to detail the overall assessment of the consumer’s level of risk.

### Examples

	Overall Assessment of Risk
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that the consumer has self-harmed in the past and without treatment is likely to continue such behaviour.	High risk of self-harm.

### Related national definition

N/A

### Revision history

N/A

## Overall Comments

<b>Field name:</b>	comments
<b>Source data element(s):</b>	[Overall Comments] – webPSOLIS
<b>Definition:</b>	Additional information relating to the overall assessment of the consumer’s level of risk.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	String
<b>Format:</b>	[X(4000)]
<b>Permitted values:</b>	Alphanumeric combination

## Guide for use

Collection of this data element is optional.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to detail additional information relating to the overall assessment of the consumer’s level of risk.

## Examples

	Overall Comments
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that the consumer has self-harmed in the past and without treatment is likely to continue such behaviour.	High risk of self-harm, but the consumer is highly engaged with services and is very receptive to treatment.

## Related national definition

N/A

## Revision history

N/A

## Paranoid Ideation About Others

<b>Field name:</b>	paranoidideationaboutothers
<b>Source data element(s):</b>	[Paranoid Ideation About Others] – webPSOLIS
<b>Definition:</b>	Flag to indicate if paranoid ideation about others is a current violence/aggression risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – Unknown

### Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether paranoid ideation about others is a current violence/aggression risk factor for the consumer undergoing the RAMP.

### Examples

	Paranoid Ideation About Others
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that paranoid ideation about others is a current violence/aggression risk factor.	1
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that paranoid ideation about others is not a current violence/aggression risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## Parental / Carer Status or Access to Children

<b>Field name:</b>	parentalaccesstochildren
<b>Source data element(s):</b>	[Parental / Carer Status or Access to Children] – webPSOLIS
<b>Definition:</b>	Flag to indicate if parental/carer status or access to children is a current other risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – Unknown

### Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether parental/carer status or access to children is a current other risk factor for the consumer undergoing the RAMP.

### Examples

	Parental / Carer Status or Access to Children
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that access to children is a current other risk factor.	1
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that neither parental/carer status nor access to children is a current other risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## Physical Illness

<b>Field name:</b>	physicalillness
<b>Source data element(s):</b>	[Physical Illness] – webPSOLIS
<b>Definition:</b>	Flag to indicate if physical illness is a current other risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – Unknown

### Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether physical illness is a current other risk factor for the consumer undergoing the RAMP.

### Examples

	Physical Illness
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that physical illness is a current other risk factor.	1
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that physical illness is not a current other risk factor.	0

### Related national definition

N/A

### Revision history

N/A



## Previous Dangerous / Violent Ideation

<b>Field name:</b>	previousdangerousviolentideation
<b>Source data element(s):</b>	[Previous Dangerous / Violent Ideation] – webPSOLIS
<b>Definition:</b>	Flag to indicate if previous dangerous or violent ideation is a background violence/aggression risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – Unknown

### Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether previous dangerous or violent ideation is a background violence/aggression risk factor for the consumer undergoing the RAMP.

### Examples

	Previous Dangerous / Violent Ideation
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that previous violent ideation is a background violence/aggression risk factor.	1
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that neither previous dangerous nor violent ideation is a background violence/aggression risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## Previous Incidents of Violence

<b>Field name:</b>	previousincidentsofviolence
<b>Source data element(s):</b>	[Previous Incidents of Violence] – webPSOLIS
<b>Definition:</b>	Flag to indicate if previous incidents of violence is a background violence/aggression risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – Unknown

### Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether previous incidents of violence is a background violence/aggression risk factor for the consumer undergoing the RAMP.

### Examples

	Previous Incidents of Violence
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that previous incidents of violence is a background violence/aggression risk factor.	1
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that previous incidents of violence is not a background suicide risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## Previous Suicide Attempts

<b>Field name:</b>	previousuicideattempts
<b>Source data element(s):</b>	[Previous Suicide Attempts] – webPSOLIS
<b>Definition:</b>	Flag to indicate if previous suicide attempts is a background suicide risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – Unknown

### Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether previous suicide attempts is a background suicide risk factor for the consumer undergoing the RAMP.

### Examples

	Previous Suicide Attempts
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that previous suicide attempts is a background suicide risk factor.	1
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that previous suicide attempts is not a background suicide risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## Previous Use of Weapons

<b>Field name:</b>	previoususeofweapons
<b>Source data element(s):</b>	[Previous Use of Weapons] – webPSOLIS
<b>Definition:</b>	Flag to indicate if previous use of weapons is a background violence/aggression risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – Unknown

### Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether previous use of weapons is a background violence/aggression risk factor for the consumer undergoing the RAMP.

### Examples

	Previous Use of Weapons
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that previous use of weapons is a background violence/aggression risk factor.	1
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that previous use of weapons is not a background suicide risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## Protective Factors

<b>Field name:</b>	protectivefactors
<b>Source data element(s):</b>	[Protective Factors] – webPSOLIS
<b>Definition:</b>	Information relating to factors that contribute positively to the consumer’s level of risk.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	String
<b>Format:</b>	[X(4000)]
<b>Permitted values:</b>	Alphanumeric combination

## Guide for use

Collection of this data element is optional.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to detail information relating to factors that contribute positively to the consumer’s level of risk.

## Examples

	Protective Factors
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that the consumer is insightful and is willing to engage with mental health clinicians.	Insightful, engaged with services.

## Related national definition

N/A

## Revision history

N/A

## RAMP Assessment Date

<b>Field name:</b>	assessmentdate
<b>Source data element(s):</b>	[RAMP Assessment Date] – webPSOLIS
<b>Definition:</b>	The date on which the RAMP assessment occurred.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Datetime
<b>Format:</b>	YYYY-MM-DD HH:MM
<b>Permitted values:</b>	Valid date and time

### Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

### Examples

	RAMP Assessment Date
A consumer presents to a mental health service at 1pm on 2 April 2022 and a RAMP is completed.	2022-04-02 13:00

### Related national definition

N/A

### Revision history

N/A

## RAMP Assessor HE Number

<b>Field name:</b>	authoruserid
<b>Source data element(s):</b>	[RAMP Assessor HE Number] – webPSOLIS
<b>Definition:</b>	The health employee (HE) number of the person performing the RAMP.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	String
<b>Format:</b>	X[X(9)]
<b>Permitted values:</b>	Valid HE number

### Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

### Examples

	RAMP Assessor HE Number
A mental health clinician creates a RAMP.	HE999990

### Related national definition

N/A

### Revision history

N/A

## RAMP Consulted Date

<b>Field name:</b>	consultdate
<b>Source data element(s):</b>	[RAMP Consulted Date] – webPSOLIS
<b>Definition:</b>	The date on which consultation about the RAMP assessment occurred.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Datetime
<b>Format:</b>	YYYY-MM-DD HH:MM
<b>Permitted values:</b>	Valid date and time

### Guide for use

Collection of this data element is conditional. If a consultation has occurred this data element must be recorded.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

### Examples

	RAMP Consulted Date
A consumer presents to a mental health service at 2pm on 2 April 2022 and a RAMP is completed. During the event the clinician performing the RAMP consults a colleague about the case.	2022-04-02 14:00

### Related national definition

N/A

### Revision history

N/A



## RAMP Consulted With HE Number

<b>Field name:</b>	consultwithuserid
<b>Source data element(s):</b>	[RAMP Consulted With HE Number] – webPSOLIS
<b>Definition:</b>	The health employee (HE) number of the person consulted about the RAMP.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	String
<b>Format:</b>	X[X(9)]
<b>Permitted values:</b>	Valid HE number

### Guide for use

Collection of this data element is conditional. If a consultation has occurred this data element must be recorded.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

### Examples

	RAMP Consulted With HE Number
A consumer presents to a mental health service and a RAMP is completed. During the event the clinician performing the RAMP consults a colleague about the case.	HE999990

### Related national definition

N/A

### Revision history

N/A

## RAMP Identifier

<b>Field name:</b>	webrampid
<b>Source data element(s):</b>	[RAMP Identifier] – webPSOLIS
<b>Definition:</b>	The unique identifier (surrogate key) for the RAMP.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N(8)
<b>Permitted values:</b>	Unique numeric identifier

## Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is the unique, system generated number assigned to each RAMP created in webPSOLIS.

## Examples

	RAMP Identifier
A consumer presents to a clinic with a mental health problem and the triage function is used to create a RAMP.	23590964

## Related national definition

N/A

## Revision history

N/A

## RAMP Next Due

<b>Field name:</b>	nextdue
<b>Source data element(s):</b>	[RAMP Next Due] – webPSOLIS
<b>Definition:</b>	The date on which the consumer’s next RAMP assessment is scheduled to occur.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	Datetime
<b>Format:</b>	YYYY-MM-DD HH:MM
<b>Permitted values:</b>	Valid date and time

### Guide for use

Collection of this data element is optional.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

### Examples

	RAMP Next Due
A consumer presents to a mental health service and a RAMP is completed. A further RAMP is scheduled three months hence.	2022-04-02 12:00

### Related national definition

N/A

### Revision history

N/A

## Recent / Current Violence

<b>Field name:</b>	recentcurrentviolence
<b>Source data element(s):</b>	[Recent / Current Violence] – webPSOLIS
<b>Definition:</b>	Flag to indicate if recent or current violence is a current violence/aggression risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – Unknown

### Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether recent or current violence is a current violence/aggression risk factor for the consumer undergoing the RAMP.

### Examples

	Recent / Current Violence
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that recent violence is a current violence/aggression risk factor.	1
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that neither recent nor current violence is a current violence/aggression risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## Recent Significant Life Events

<b>Field name:</b>	recentssignificantlifeevents
<b>Source data element(s):</b>	[Recent Significant Life Events] – webPSOLIS
<b>Definition:</b>	Flag to indicate if recent significant life events is a current suicide risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – Unknown

### Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether recent significant life events is a current suicide risk factor for the consumer undergoing the RAMP.

### Examples

	Recent Significant Life Events
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that recent significant life events is a current suicide risk factor.	1
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that recent significant life events is not a current suicide risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## Reduced Ability to Control Behaviour

<b>Field name:</b>	reducedabilitytocontrolbehaviour
<b>Source data element(s):</b>	[Reduced Ability to Control Behaviour] – webPSOLIS
<b>Definition:</b>	Flag to indicate if reduced ability to control behaviour is a current violence/aggression risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – Unknown

### Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether reduced ability to control behaviour is a current violence/aggression risk factor for the consumer undergoing the RAMP.

### Examples

	Reduced Ability to Control Behaviour
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that reduced ability to control behaviour is a current violence/aggression risk factor.	1
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that reduced ability to control behaviour is not a current violence/aggression risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## Requires Help

<b>Field name:</b>	requireshelp
<b>Source data element(s):</b>	[Requires Help] – webPSOLIS
<b>Definition:</b>	Flag to indicate if the consumer has requested help when questioned about family and domestic violence risk factors.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

## Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether help has been requested by the consumer undergoing the RAMP when questioned about family and domestic violence risk factors.

## Examples

	Requires Help
A consumer presents to a mental health clinic and a RAMP is completed. The consumer requests help when questioned about family and domestic violence risk factors.	1
A consumer presents to a mental health clinic and a RAMP is completed. The consumer does not request help when questioned about family and domestic violence risk factors.	0

## Related national definition

N/A

## Revision history

N/A

## Risk Highly Changeable

<b>Field name:</b>	highlychangeable
<b>Source data element(s):</b>	[Risk Highly Changeable] – webPSOLIS
<b>Definition:</b>	Flag to indicate if the consumer’s level of risk is highly changeable.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether the consumer’s level of risk is highly changeable.

### Examples

	Risk Highly Changeable
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that the consumer’s level of risk is highly changeable.	1
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that the consumer’s level of risk is not highly changeable.	0

### Related national definition

N/A

### Revision history

N/A



## Risk Management Plan

<b>Field name:</b>	riskmanagementplan
<b>Source data element(s):</b>	[Risk Management Plan] – webPSOLIS
<b>Definition:</b>	The proposed plan for the management of the consumer’s mental health episode.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	String
<b>Format:</b>	[X(4000)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to detail the proposed plan for the management of the consumer’s mental health episode.

### Examples

	Risk Management Plan
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that the consumer is likely to self-harm and that psychiatric admission is required to further assess and treat the underlying disorder.	Admit consumer to psychiatric ward for further assessment, treatment, etc.

### Related national definition

N/A

### Revision history

N/A

## Risk of Homelessness

<b>Field name:</b>	riskofhomelessness
<b>Source data element(s):</b>	[Risk of Homelessness] – webPSOLIS
<b>Definition:</b>	Flag to indicate if risk of homelessness is a current other risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – Unknown

## Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether risk of homelessness is a current other risk factor for the consumer undergoing the RAMP.

## Examples

	Risk of Homelessness
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that risk of homelessness is a current other risk factor.	1
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that risk of homelessness is not a current other risk factor.	0

## Related national definition

N/A

## Revision history

N/A

## Self-harming Behaviour

<b>Field name:</b>	selfharmingbehaviour
<b>Source data element(s):</b>	[Self-harming Behaviour] – webPSOLIS
<b>Definition:</b>	Flag to indicate if self-harming behaviour is a current suicide risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – Unknown

### Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether self-harming behaviour is a current suicide risk factor for the consumer undergoing the RAMP.

### Examples

	Self-harming Behaviour
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that self-harming behaviour is a current suicide risk factor.	1
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that self-harming behaviour is not a current suicide risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## Self-neglect, Poor Self Care

<b>Field name:</b>	selfneglect
<b>Source data element(s):</b>	[Self-neglect, Poor Self Care] – webPSOLIS
<b>Definition:</b>	Flag to indicate if self-neglect and poor self care is a current other risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – Unknown

### Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether self-neglect and poor self care is a current other risk factor for the consumer undergoing the RAMP.

### Examples

	Self-neglect, Poor Self Care
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that self-neglect and poor self care is a current other risk factor.	1
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that self-neglect and poor self care is not a current other risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## Separated / Widowed / Divorced

<b>Field name:</b>	separatedwidoweddivorced
<b>Source data element(s):</b>	[Separated / Widowed / Divorced] – webPSOLIS
<b>Definition:</b>	Flag to indicate if separated, widowed or divorced is a background suicide risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – Unknown

### Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether separated, widowed or divorced is a background suicide risk factor for the consumer undergoing the RAMP.

### Examples

	Separated / Widowed / Divorced
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that divorce is a background suicide risk factor.	1
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that neither separation, widowhood nor divorce is a background suicide risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## Serious Medical Condition

<b>Field name:</b>	seriousmedicalcondition
<b>Source data element(s):</b>	[Serious Medical Condition] – webPSOLIS
<b>Definition:</b>	Flag to indicate if serious medical condition is a background general risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – Unknown

### Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether serious medical condition is a background general risk factor for the consumer undergoing the RAMP.

### Examples

	Serious Medical Condition
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that serious medical condition is a background general risk factor.	1
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that serious medical condition is not a background general risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## Significant Alcohol / Drug Use History

<b>Field name:</b>	significantalcoholdrugusehistory
<b>Source data element(s):</b>	[Significant Alcohol / Drug Use History] – webPSOLIS
<b>Definition:</b>	Flag to indicate if significant alcohol / drug use history is a background general risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – Unknown

### Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether significant alcohol / drug use history is a background general risk factor for the consumer undergoing the RAMP.

### Examples

	Significant Alcohol / Drug Use History
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that significant drug use is a background general risk factor.	1
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that neither significant alcohol nor drug use is a background general risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## Significant Behavioural Disorder

<b>Field name:</b>	significantbehaviouraldisorder
<b>Source data element(s):</b>	[Significant Behavioural Disorder] – webPSOLIS
<b>Definition:</b>	Flag to indicate if significant behavioural disorder is a background general risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – Unknown

### Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether significant behavioural disorder is a background general risk factor for the consumer undergoing the RAMP.

### Examples

	Significant Behavioural Disorder
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that significant behavioural disorder is a background general risk factor.	1
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that significant behavioural disorder is not a background general risk factor.	0

### Related national definition

N/A

### Revision history

N/A



## Significant Physical Pain

<b>Field name:</b>	significantphysicalpain
<b>Source data element(s):</b>	[Significant Physical Pain] – webPSOLIS
<b>Definition:</b>	Flag to indicate if significant physical pain is a current general risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – Unknown

### Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether significant physical pain is a current general risk factor for the consumer undergoing the RAMP.

### Examples

	Significant Physical Pain
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that significant physical pain is a current general risk factor.	1
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that significant physical pain is not a current general risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## Sources of Information

<b>Field name:</b>	sourcesofinformation
<b>Source data element(s):</b>	[Sources of Information] – webPSOLIS
<b>Definition:</b>	The sources of information used for the preparation of the consumer’s proposed risk management plan.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	String
<b>Format:</b>	[X(4000)]
<b>Permitted values:</b>	Alphanumeric combination

## Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to detail the sources of information used for the preparation of the consumer’s proposed risk management plan.

## Examples

	Sources of Information
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that the consumer is likely to self-harm and that psychiatric admission is required to further assess and treat the underlying disorder.	Consumer, Consumer’s carer and GP.

## Related national definition

N/A

## Revision history

N/A

## Suicide Risk Factors – Background Other

<b>Field name:</b>	suicidebackgroundother
<b>Source data element(s):</b>	[Suicide Risk Factors – Background Other] – webPSOLIS
<b>Definition:</b>	Other background suicide risk factors applicable to the consumer.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	String
<b>Format:</b>	[X(1000)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is optional.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to detail other background suicide risk factors for the consumer undergoing the RAMP.

### Examples

	Suicide Risk Factors – Background Other
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that impulsivity is a background suicide risk factor.	Impulsivity

### Related national definition

N/A

### Revision history

N/A

## Suicide Risk Factors – Comments

<b>Field name:</b>	suicidecomments
<b>Source data element(s):</b>	[Suicide Risk Factors – Comments] – webPSOLIS
<b>Definition:</b>	Other information relating to suicide risk factors applicable to the consumer.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	String
<b>Format:</b>	[X(4000)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is optional.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to detail other information relating to suicide risk factors for the consumer undergoing the RAMP.

### Examples

	Suicide Risk Factors – Comments
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment learns that the consumer is still attending a hazardous workplace despite being unwell and unproductive.	Presenteeism occurring.

### Related national definition

N/A

### Revision history

N/A

## Suicide Risk Factors – Current Other

<b>Field name:</b>	suicidecurrentother
<b>Source data element(s):</b>	[Suicide Risk Factors – Current Other] – webPSOLIS
<b>Definition:</b>	Other current suicide risk factors applicable to the consumer.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	String
<b>Format:</b>	[X(1000)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is optional.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to detail other current suicide risk factors for the consumer undergoing the RAMP.

### Examples

	Suicide Risk Factors – Current Other
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that impulsivity is a current suicide risk factor.	Impulsivity

### Related national definition

N/A

### Revision history

N/A

## Threat to Hurt

<b>Field name:</b>	threattohurt
<b>Source data element(s):</b>	[Threat to Hurt] – webPSOLIS
<b>Definition:</b>	Flag to indicate if threat to hurt is a family and domestic violence risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether threat to hurt is a family and domestic violence risk factor for the consumer undergoing the RAMP.

### Examples

	Threat to Hurt
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that threat to hurt is a family and domestic violence risk factor.	1
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that threat to hurt is not a family and domestic violence risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## Uncertainty of Risk

<b>Field name:</b>	uncertaintyofrisklevel
<b>Source data element(s):</b>	[Uncertainty of Risk] – webPSOLIS
<b>Definition:</b>	Flag to indicate if there are factors that contribute to uncertainty regarding the consumer’s level of risk.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether there are factors that contribute to uncertainty regarding the consumer’s level of risk.

### Examples

	Uncertainty of Risk
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that there are factors that contribute to uncertainty regarding the consumer’s level of risk.	1
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that there are no factors that contribute to uncertainty regarding the consumer’s level of risk.	0

### Related national definition

N/A

### Revision history

N/A

## Uncertainty of Risk Comments

<b>Field name:</b>	uncertaintycomments
<b>Source data element(s):</b>	[Uncertainty of Risk Comments] – webPSOLIS
<b>Definition:</b>	Other information relating to factors that contribute to uncertainty regarding the consumer’s level of risk.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	String
<b>Format:</b>	[X(4000)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is optional.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to detail other information relating to factors that contribute to uncertainty regarding the consumer’s level of risk.

### Examples

	Uncertainty of Risk Comments
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that the consumer is showing signs of unwillingness to engage with mental health clinicians.	Potential unwillingness to engage with mental health services.

### Related national definition

N/A

### Revision history

N/A



## Violence / Aggression Risk Factors – Background Other

<b>Field name:</b>	violenceaggressionbackgroundother
<b>Source data element(s):</b>	[Violence / Aggression Risk Factors – Background Other] – webPSOLIS
<b>Definition:</b>	Other background violence or aggression risk factors applicable to the consumer.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	String
<b>Format:</b>	[X(1000)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is optional.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to detail other background violence or aggression risk factors for the consumer undergoing the RAMP.

### Examples

	Violence / Aggression Risk Factors – Background Other
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that impulsivity is a background violence/aggression risk factor.	Impulsivity

### Related national definition

N/A

### Revision history

N/A

## Violence / Aggression Risk Factors – Comments

<b>Field name:</b>	violenceaggressioncomments
<b>Source data element(s):</b>	[Violence / Aggression Risk Factors – Comments] – webPSOLIS
<b>Definition:</b>	Other information relating to violence or aggression risk factors applicable to the consumer.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	String
<b>Format:</b>	[X(4000)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is optional.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to detail other information relating to violence or aggression risk factors for the consumer undergoing the RAMP.

### Examples

	Violence / Aggression Risk Factors – Comments
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment learns that the consumer is still attending a hazardous workplace despite being unwell and unproductive.	Presenteeism occurring.

### Related national definition

N/A

### Revision history

N/A

## Violence / Aggression Risk Factors – Current Other

<b>Field name:</b>	violenceaggressioncurrentother
<b>Source data element(s):</b>	[Violence / Aggression Risk Factors – Current Other] – webPSOLIS
<b>Definition:</b>	Other current violence or aggression risk factors applicable to the consumer.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	String
<b>Format:</b>	[X(1000)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is optional.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to detail other current violence or aggression risk factors for the consumer undergoing the RAMP.

### Examples

	Violence / Aggression Risk Factors – Current Other
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that impulsivity is a current violence/aggression risk factor.	Impulsivity

### Related national definition

N/A

### Revision history

N/A

## Violence Restraining Order

<b>Field name:</b>	violencerestrainingorder
<b>Source data element(s):</b>	[Violence Restraining Order] – webPSOLIS
<b>Definition:</b>	Flag to indicate if violence restraining order is a current violence/aggression risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – Unknown

### Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether violence restraining order is a current violence/aggression risk factor for the consumer undergoing the RAMP.

### Examples

	Violence Restraining Order
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that violence restraining order is a current violence/aggression risk factor.	1
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that violence restraining order is not a current violence/aggression risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## Vulnerability to Sexual Exploitation / Abuse

<b>Field name:</b>	vulnerabilitytosexualexploitation
<b>Source data element(s):</b>	[Vulnerability to Sexual Exploitation / Abuse] – webPSOLIS
<b>Definition:</b>	Flag to indicate if vulnerability to sexual exploitation or abuse is a current other risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – Unknown

### Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether vulnerability to sexual exploitation or abuse is a current other risk factor for the consumer undergoing the RAMP.

### Examples

	Vulnerability to Sexual Exploitation / Abuse
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that vulnerability to abuse is a current other risk factor.	1
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that neither vulnerability to sexual exploitation nor abuse is a current other risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## Worried of Safety

<b>Field name:</b>	worriedofsafety
<b>Source data element(s):</b>	[Worried of Safety] – webPSOLIS
<b>Definition:</b>	Flag to indicate if worried of safety is a family and domestic violence risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether worried of safety is a family and domestic violence risk factor for the consumer undergoing the RAMP.

### Examples

	Worried of Safety
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that worried of safety is a family and domestic violence risk factor.	1
A consumer presents to a mental health clinic and a RAMP is completed. The clinician performing the assessment determines that worried of safety is not a family and domestic violence risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## **14. Child and adolescent risk assessment and management plan**

The following section provides specific information about the child and adolescent risk assessment and management plan data elements captured in the MHDC, including definitions, permitted values, guide for use, rules and operational examples.

All information relating to data elements in this data dictionary is specific to the MHDC, and caution should be taken if these data elements are compared with those of other data collections. Where relevant, related national definitions have been referenced.

## A. Risk of Suicide

<b>Field name:</b>	ascore
<b>Source data element(s):</b>	[A. Risk of Suicide] – webPSOLIS
<b>Definition:</b>	Numeric identifier indicating the level of risk for the suicide type of risk.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – Nil suicidal ideation 1 – Fleeting suicidal ideation 2 – Ongoing suicidal ideation 3 – Ongoing ideation, plan and intent 4 – Ongoing ideation, plan, intent and a recent history of attempts

### Guide for use

Collection of this data element is mandatory.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate the level of risk of suicide for the consumer undergoing the CRAMP.

### Examples

	A. Risk of Suicide
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that the child is experiencing ongoing suicide ideation.	2
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that the child is experiencing no suicide ideation.	0

### Related national definition

N/A

### Revision history

N/A



## A. Clinical Evidence

<b>Field name:</b>	aevidence
<b>Source data element(s):</b>	[A. Clinical Evidence] – webPSOLIS
<b>Definition:</b>	Clinical evidence supporting the level of risk selected for the suicide type of risk.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	String
<b>Format:</b>	[X(4000)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is mandatory.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to detail clinical evidence supporting the level of risk chosen for the suicide type of risk.

### Examples

	A. Clinical Evidence
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that the child is experiencing ongoing suicide ideation.	GP referral notes and responses to Suicide Assessment Screener.

### Related national definition

N/A

### Revision history

N/A

## A. PSOLIS Alert

<b>Field name:</b>	aalert
<b>Source data element(s):</b>	[A. PSOLIS Alert] – webPSOLIS
<b>Definition:</b>	Numeric identifier indicating if a PSOLIS alert has been raised for the suicide type of risk.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate if a PSOLIS alert has been raised for the level of risk of suicide for the consumer undergoing the CRAMP.

### Examples

	A. PSOLIS Alert
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that the child is experiencing ongoing suicide ideation, plan and intent and an alert is raised in PSOLIS.	1
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that the child is experiencing no suicide ideation and no alert is raised in PSOLIS.	0

### Related national definition

N/A

### Revision history

N/A

## Access to Means of Self-harm and Lethality

<b>Field name:</b>	accesstomeansofselfharmandlethality
<b>Source data element(s):</b>	[Access to Means of Self-harm and Lethality] – webPSOLIS
<b>Definition:</b>	Flag to indicate if access to means of self-harm and lethality is a risk to self or others risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether access to means of self-harm and lethality is a risk to self or others risk factor for the consumer undergoing the CRAMP.

### Examples

	Access to Means of Self-harm and Lethality
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that access to means of self-harm is a risk to self or others risk factor.	1
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that access to means of self-harm and lethality is not a risk to self or others risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## B. Risk of Other Deliberate Self-harm

<b>Field name:</b>	bscore
<b>Source data element(s):</b>	[B. Risk of Other Deliberate Self-harm] – webPSOLIS
<b>Definition:</b>	Numeric identifier indicating the level of risk for the other deliberate self-harm type of risk.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	<ul style="list-style-type: none"> <li>0 – Nil ideas of self-harm</li> <li>1 – Fleeting self-harm ideation</li> <li>2 – Ongoing self-harm ideation</li> <li>3 – Ongoing self-harm ideation, plan and intent</li> <li>4 – Ongoing ideation, plan, intent and a recent history of self-harm</li> </ul>

### Guide for use

Collection of this data element is mandatory.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate the level of risk of other deliberate self-harm for the consumer undergoing the CRAMP.

### Examples

	B. Risk of Other Deliberate Self-harm
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that the child is experiencing ongoing self-harm ideation.	2
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that the child is experiencing no self-harm ideation.	0

### Related national definition

N/A

### Revision history

N/A

## B. Clinical Evidence

<b>Field name:</b>	bevidence
<b>Source data element(s):</b>	[B. Clinical Evidence] – webPSOLIS
<b>Definition:</b>	Clinical evidence supporting the level of risk selected for the other deliberate self-harm type of risk.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	String
<b>Format:</b>	[X(4000)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is mandatory.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to detail clinical evidence supporting the level of risk chosen for the other deliberate self-harm type of risk.

### Examples

	B. Clinical Evidence
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that the child is experiencing ongoing self-harm ideation.	GP referral notes and responses to clinical questioning.

### Related national definition

N/A

### Revision history

N/A

## B. PSOLIS Alert

<b>Field name:</b>	balert
<b>Source data element(s):</b>	[B. PSOLIS Alert] – webPSOLIS
<b>Definition:</b>	Numeric identifier indicating if a PSOLIS alert has been raised for the other deliberate self-harm type of risk.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate if a PSOLIS alert has been raised for the level of risk of other deliberate self-harm for the consumer undergoing the CRAMP.

### Examples

	B. PSOLIS Alert
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that the child is experiencing ongoing self-harm ideation, plan and intent and an alert is raised in PSOLIS.	1
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that the child is experiencing no self-harm ideation and no alert is raised in PSOLIS.	0

### Related national definition

N/A

### Revision history

N/A

## C. Risk of Self-neglect / Accidental Self-harm

<b>Field name:</b>	cscore
<b>Source data element(s):</b>	[C. Risk of Self-neglect / Accidental Self-harm] – webPSOLIS
<b>Definition:</b>	Numeric identifier indicating the level of risk for the self-neglect / accidental self-harm type of risk.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	<p>0 – Nil evidence of above risk</p> <p>1 – Nil evidence or risk, may be at risk if untreated</p> <p>2 – Recent evidence of self-neglect or accidental self-harm</p> <p>3 – Ongoing evidence of self-neglect or accidental self-harm</p> <p>4 – As per 3 with major impact on client’s physical and mental health</p>

### Guide for use

Collection of this data element is mandatory.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate the level of risk of self-neglect or accidental self-harm for the consumer undergoing the CRAMP.

### Examples

	C. Risk of Self-neglect / Accidental Self-harm
A child presents to a mental health clinic and a CRAMP is completed. The clinician determines that the child shows recent evidence of self-neglect.	2
A child presents to a mental health clinic and a CRAMP is completed. The clinician determines that there is no evidence of risk to the child of self-neglect or accidental self-harm.	0

### Related national definition

N/A

### Revision history

N/A

## C. Clinical Evidence

<b>Field name:</b>	cevidence
<b>Source data element(s):</b>	[C. Clinical Evidence] – webPSOLIS
<b>Definition:</b>	Clinical evidence supporting the level of risk selected for the self-neglect or accidental self-harm type of risk.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	String
<b>Format:</b>	[X(4000)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is mandatory.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to detail clinical evidence supporting the level of risk chosen for the self-neglect or accidental self-harm type of risk.

### Examples

	C. Clinical Evidence
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that there is evidence that the child is experiencing self-neglect.	GP referral notes and responses to clinical questioning.

### Related national definition

N/A

### Revision history

N/A



## C. PSOLIS Alert

<b>Field name:</b>	calert
<b>Source data element(s):</b>	[C. PSOLIS Alert] – webPSOLIS
<b>Definition:</b>	Numeric identifier indicating if a PSOLIS alert has been raised for the self-neglect or accidental self-harm type of risk.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate if a PSOLIS alert has been raised for the level of risk of self-neglect or accidental self-harm for the consumer undergoing the CRAMP.

### Examples

	C. PSOLIS Alert
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that the child is experiencing self-neglect and an alert is raised in PSOLIS.	1
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that there is no evidence that the child is at risk of self-neglect nor accidental self-harm and no alert is raised in PSOLIS.	0

### Related national definition

N/A

### Revision history

N/A

## Consulted With Outcome

<b>Field name:</b>	consultoutcome
<b>Source data element(s):</b>	[Consulted With Outcome] – webPSOLIS
<b>Definition:</b>	The outcome of any consultation with other clinicians regarding the child or adolescent consumer’s risk assessment.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	String
<b>Format:</b>	[X(4000)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is optional.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to detail the outcome of any consultation with other clinicians regarding the consumer’s risk assessment.

### Examples

	Consulted With Outcome
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment consults with a colleague and it is suggested that the consumer is likely to self-harm and that psychiatric admission is required to further assess and treat the underlying disorder.	Psychiatric admission suggested.

### Related national definition

N/A

### Revision history

N/A

## CRAMP Additional Information

<b>Field name:</b>	additionalinformation
<b>Source data element(s):</b>	[CRAMP Additional Information] – webPSOLIS
<b>Definition:</b>	Additional information regarding the child or adolescent consumer’s risk assessment.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	String
<b>Format:</b>	[X(4000)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is optional.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to detail any additional information regarding the consumer’s risk assessment.

### Examples

	CRAMP Additional Information
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that the child’s identified guardian is able to provide only limited support to the child.	Only limited support able to be provided by identified guardian.

### Related national definition

N/A

### Revision history

N/A

## CRAMP Assessment Date

<b>Field name:</b>	crampassessmentdate
<b>Source data element(s):</b>	[CRAMP Assessment Date] – webPSOLIS
<b>Definition:</b>	The date on which the CRAMP assessment occurred.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Datetime
<b>Format:</b>	YYYY-MM-DD HH:MM
<b>Permitted values:</b>	Valid date and time

### Guide for use

Collection of this data element is mandatory.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

### Examples

	CRAMP Assessment Date
A child presents to a mental health service on at 2pm 2 April 2022 and a CRAMP is completed.	2022-04-02 14:00

### Related national definition

N/A

### Revision history

N/A

## CRAMP Assessor HE Number

<b>Field name:</b>	crampauthoruserid
<b>Source data element(s):</b>	[CRAMP Assessor HE Number] – webPSOLIS
<b>Definition:</b>	The health employee (HE) number of the person performing the CRAMP.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	String
<b>Format:</b>	X[X(9)]
<b>Permitted values:</b>	Valid HE number

### Guide for use

Collection of this data element is mandatory.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

### Examples

	CRAMP Assessor HE Number
A mental health clinician creates a CRAMP.	HE999990

### Related national definition

N/A

### Revision history

N/A

## CRAMP Consulted Date

<b>Field name:</b>	crampconsultdate
<b>Source data element(s):</b>	[CRAMP Consulted Date] – webPSOLIS
<b>Definition:</b>	The date on which consultation about the CRAMP assessment occurred.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Datetime
<b>Format:</b>	YYYY-MM-DD HH:MM
<b>Permitted values:</b>	Valid date and time

### Guide for use

Collection of this data element is conditional. If a consultation has occurred this data element must be recorded.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

### Examples

	CRAMP Consulted Date
A child presents to a mental health service at 3pm on 2 April 2022 and a CRAMP is completed. During the event the clinician performing the CRAMP consults a colleague about the case.	2022-04-02 15:00

### Related national definition

N/A

### Revision history

N/A

## CRAMP Consulted With HE Number

<b>Field name:</b>	crampconsultwithuserid
<b>Source data element(s):</b>	[CRAMP Consulted With HE Number] – webPSOLIS
<b>Definition:</b>	The health employee (HE) number of the person consulted about the CRAMP.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	String
<b>Format:</b>	X[X(9)]
<b>Permitted values:</b>	Valid HE number

### Guide for use

Collection of this data element is conditional. If a consultation has occurred this data element must be recorded.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

### Examples

	CRAMP Consulted With HE Number
A child presents to a mental health service and a CRAMP is completed. During the event the clinician performing the CRAMP consults a colleague about the case.	HE999990

### Related national definition

N/A

### Revision history

N/A

## CRAMP Identifier

<b>Field name:</b>	webcrampid
<b>Source data element(s):</b>	[CRAMP Identifier] – webPSOLIS
<b>Definition:</b>	The unique identifier (surrogate key) for the CRAMP.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N(8)
<b>Permitted values:</b>	Unique numeric identifier

### Guide for use

Collection of this data element is mandatory.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is the unique, system generated number assigned to each CRAMP created in webPSOLIS.

### Examples

	CRAMP Identifier
A child presents to a clinic with a mental health problem and the triage function is used to create a CRAMP.	23590964

### Related national definition

N/A

### Revision history

N/A



## CRAMP Next Due

<b>Field name:</b>	crampnextdue
<b>Source data element(s):</b>	[CRAMP Next Due] – webPSOLIS
<b>Definition:</b>	The date on which the consumer’s next CRAMP assessment is scheduled to occur.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	Datetime
<b>Format:</b>	YYYY-MM-DD HH:MM
<b>Permitted values:</b>	Valid date and time

### Guide for use

Collection of this data element is optional.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

### Examples

	CRAMP Next Due
A child presents to a mental health service and a CRAMP is completed. A further CRAMP is scheduled three months hence.	2022-04-02 12:00

### Related national definition

N/A

### Revision history

N/A

## CRAMP Sent to Referrer / GP

<b>Field name:</b>	copysenttorereferrer
<b>Source data element(s):</b>	[CRAMP Sent to Referrer / GP] – webPSOLIS
<b>Definition:</b>	Flag to indicate if a copy of the CRAMP has been sent to the referrer or GP.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – Not applicable

### Guide for use

Collection of this data element is mandatory.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

### Examples

	CRAMP Sent to Referrer/GP
A child presents to a mental health service and a CRAMP is completed. A copy of the CRAMP is forwarded to the child's GP.	1
A child presents to a mental health service and a CRAMP is completed. A copy of the CRAMP is not forwarded to the child's GP.	0

### Related national definition

N/A

### Revision history

N/A

## Current Intent – Suicide

<b>Field name:</b>	currentintentsuicide
<b>Source data element(s):</b>	[Current Intent – Suicide] – webPSOLIS
<b>Definition:</b>	Flag to indicate if current suicide intent is a risk to self or others risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether current suicide intent is a risk to self or others risk factor for the consumer undergoing the CRAMP.

### Examples

	Current Intent – Suicide
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that current suicide intent is a risk to self or others risk factor.	1
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that current suicide intent is not a risk to self or others risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## Current Medications / Conditions / Allergies

<b>Field name:</b>	currentmedication
<b>Source data element(s):</b>	[Current Medications / Conditions / Allergies] – webPSOLIS
<b>Definition:</b>	Information regarding the child or adolescent consumer’s current medications, conditions or allergies.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	String
<b>Format:</b>	[X(4000)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is optional.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to detail information regarding the consumer’s current medications, conditions or allergies.

### Examples

	Current Medications / Conditions / Allergies
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that the child’s is currently allergic to peanuts.	Peanut allergy.

### Related national definition

N/A

### Revision history

N/A

## Current Suicide Ideation

<b>Field name:</b>	currentsuicideideation
<b>Source data element(s):</b>	[Current Suicide Ideation] – webPSOLIS
<b>Definition:</b>	Flag to indicate if current suicide ideation is a risk to self or others risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether current suicide ideation is a risk to self or others risk factor for the consumer undergoing the CRAMP.

### Examples

	Current Suicide Ideation
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that current suicide ideation is a risk to self or others risk factor.	1
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that current suicide ideation is not a risk to self or others risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## Current Use of Drugs / Alcohol

<b>Field name:</b>	currentuseofdrugsalcohol
<b>Source data element(s):</b>	[Current Use of Drugs / Alcohol] – webPSOLIS
<b>Definition:</b>	Flag to indicate if current use of drugs or alcohol is a risk to self or others risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether current use of drugs or alcohol is a risk to self or others risk factor for the consumer undergoing the CRAMP.

### Examples

	Current Use of Drugs / Alcohol
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that current use of drugs or alcohol is a risk to self or others risk factor.	1
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that current use of drugs or alcohol is not a risk to self or others risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## Currently Agitated

<b>Field name:</b>	currentlyagitated
<b>Source data element(s):</b>	[Currently Agitated] – webPSOLIS
<b>Definition:</b>	Flag to indicate if currently agitated is a risk to self or others risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

## Guide for use

Collection of this data element is mandatory.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether currently agitated is a risk to self or others risk factor for the consumer undergoing the CRAMP.

## Examples

	Currently Agitated
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that currently agitated is a risk to self or others risk factor.	1
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that currently agitated is not a risk to self or others risk factor.	0

## Related national definition

N/A

## Revision history

N/A

## Currently Psychotic

<b>Field name:</b>	currentlypsychotic
<b>Source data element(s):</b>	[Currently Psychotic] – webPSOLIS
<b>Definition:</b>	Flag to indicate if currently psychotic is a risk to self or others risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether currently psychotic is a risk to self or others risk factor for the consumer undergoing the CRAMP.

### Examples

	Currently Psychotic
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that currently psychotic is a risk to self or others risk factor.	1
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that currently psychotic is not a risk to self or others risk factor.	0

### Related national definition

N/A

### Revision history

N/A



## D. Risk of Violence / Harm to Others

<b>Field name:</b>	dscore
<b>Source data element(s):</b>	[D. Risk of Violence / Harm to Others] – webPSOLIS
<b>Definition:</b>	Numeric identifier indicating the level of risk for the violence or harm to others type of risk.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	<ul style="list-style-type: none"> <li>0 – Nil ideas of harm to others</li> <li>1 – Fleeting ideation to harm others</li> <li>2 – Ongoing ideation</li> <li>3 – Ongoing ideation, plan and intent</li> <li>4 – Ongoing ideation, plan, intent and a recent history of violence</li> </ul>

### Guide for use

Collection of this data element is mandatory.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate the level of risk of violence or harm to others for the consumer undergoing the CRAMP.

### Examples

	D. Risk of Violence or Harm to Others
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that the child is experiencing ongoing harm to others ideation.	2
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that the child is experiencing no violence or harm to others ideation.	0

### Related national definition

N/A

### Revision history

N/A

## D. Clinical Evidence

<b>Field name:</b>	devidence
<b>Source data element(s):</b>	[D. Clinical Evidence] – webPSOLIS
<b>Definition:</b>	Clinical evidence supporting the level of risk selected for the violence or harm to others type of risk.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	String
<b>Format:</b>	[X(4000)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is mandatory.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to detail clinical evidence supporting the level of risk chosen for the violence or harm to others type of risk.

### Examples

	D. Clinical Evidence
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that the child is experiencing ongoing violence ideation.	GP referral notes and responses to clinical questioning.

### Related national definition

N/A

### Revision history

N/A

## D. PSOLIS Alert

<b>Field name:</b>	dalert
<b>Source data element(s):</b>	[D. PSOLIS Alert] – webPSOLIS
<b>Definition:</b>	Numeric identifier indicating if a PSOLIS alert has been raised for the violence or harm to others type of risk.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate if a PSOLIS alert has been raised for the level of risk of violence or harm to others for the consumer undergoing the CRAMP.

### Examples

	D. PSOLIS Alert
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that the child is experiencing ongoing harm to others ideation, plan and intent and an alert is raised in PSOLIS.	1
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that the child is experiencing no violence nor harm to others ideation and no alert is raised in PSOLIS.	0

### Related national definition

N/A

### Revision history

N/A

## Disengagement from School / Work

<b>Field name:</b>	disengagementfromschoolwork
<b>Source data element(s):</b>	[Disengagement from School / Work] – webPSOLIS
<b>Definition:</b>	Flag to indicate if disengagement from school or work is a risk to self or others risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether disengagement from school or work is a risk to self or others risk factor for the consumer undergoing the CRAMP.

### Examples

	Disengagement from School / Work
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that disengagement from school is a risk to self or others risk factor.	1
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that disengagement from school is not a risk to self or others risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## Displaying Antisocial Behaviour

<b>Field name:</b>	displayingantisocialbehaviour
<b>Source data element(s):</b>	[Displaying Antisocial Behaviour] – webPSOLIS
<b>Definition:</b>	Flag to indicate if displaying antisocial behaviour is a risk to self or others risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether displaying antisocial behaviour is a risk to self or others risk factor for the consumer undergoing the CRAMP.

### Examples

	Displaying Antisocial Behaviour
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that displaying antisocial behaviour is a risk to self or others risk factor.	1
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that displaying antisocial behaviour is not a risk to self or others risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## E. Risk of Vulnerability / Harm from Caregivers

<b>Field name:</b>	escore
<b>Source data element(s):</b>	[E. Risk of Vulnerability / Harm from Caregivers] – webPSOLIS
<b>Definition:</b>	Numeric identifier indicating the level of risk for the vulnerability or harm from caregivers type of risk.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	<p>0 – Nil evidence of above risk</p> <p>1 – Nil evidence or risk, may be at risk if untreated</p> <p>2 – Recent evidence of vulnerability / harm from caregivers</p> <p>3 – Ongoing evidence of vulnerability / harm from caregivers</p> <p>4 – As per 3 with major impact on client’s physical and mental health</p>

### Guide for use

Collection of this data element is mandatory.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate the level of risk of vulnerability or harm from caregivers for the consumer undergoing the CRAMP.

### Examples

	E. Risk of Vulnerability / Harm from Caregivers
A child presents to a mental health clinic and a CRAMP is completed. The clinician determines there is recent evidence of vulnerability for the child.	2
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that there is no evidence of risk for the child from vulnerability or harm from caregivers.	0

### Related national definition

N/A

### Revision history

N/A

## E. Clinical Evidence

<b>Field name:</b>	eevidence
<b>Source data element(s):</b>	[E. Clinical Evidence] – webPSOLIS
<b>Definition:</b>	Clinical evidence supporting the level of risk selected for the vulnerability or harm from caregivers type of risk.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	String
<b>Format:</b>	[X(4000)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is mandatory.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to detail clinical evidence supporting the level of risk chosen for the vulnerability or harm from caregivers type of risk.

### Examples

	E. Clinical Evidence
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that the child is experiencing ongoing vulnerability.	GP referral notes and responses to clinical questioning.

### Related national definition

N/A

### Revision history

N/A

## E. Involve Protective Services

<b>Field name:</b>	protectiveservicesindicated
<b>Source data element(s):</b>	[E. Involve Protective Services] – webPSOLIS
<b>Definition:</b>	Numeric identifier indicating if protective services should be involved.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate if protective services should be involved for the consumer undergoing the CRAMP.

### Examples

	E. Involve Protective Services
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment decides that protective services should be involved.	1
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment decides that it is not necessary for protective services to be involved.	0

### Related national definition

N/A

### Revision history

N/A



## E. PSOLIS Alert

<b>Field name:</b>	ealert
<b>Source data element(s):</b>	[E. PSOLIS Alert] – webPSOLIS
<b>Definition:</b>	Numeric identifier indicating if a PSOLIS alert has been raised for the vulnerability or harm from caregivers type of risk.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate if a PSOLIS alert has been raised for the level of risk of vulnerability or harm from caregivers for the consumer undergoing the CRAMP.

### Examples

	E. PSOLIS Alert
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that the child is experiencing ongoing vulnerability and an alert is raised in PSOLIS.	1
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that the child is experiencing no vulnerability nor harm from caregivers and no alert is raised in PSOLIS.	0

### Related national definition

N/A

### Revision history

N/A

## F. Risk of Absconding / Non-compliance With Intervention

<b>Field name:</b>	fscore
<b>Source data element(s):</b>	[F. Risk of Absconding / Non-compliance With Intervention] – webPSOLIS
<b>Definition:</b>	Numeric identifier indicating the level of risk for the absconding or non-compliance with intervention type of risk.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – Nil evidence of above risk 1 – ambivalent, however willing to accept treatment 2 – nil insight, however reluctantly accepts treatment 3 – nil insight, refusing treatment 4 – nil insight, with plans and intent to abscond

### Guide for use

Collection of this data element is mandatory.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate the level of risk of absconding or non-compliance with intervention for the consumer undergoing the CRAMP.

### Examples

	F. Risk of Absconding / Non-compliance With Intervention
A child presents to a mental health clinic and a CRAMP is completed. The clinician determines that the child is reluctantly accepting treatment.	2
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that there is no evidence of risk for the child from absconding or non-compliance with intervention.	0

### Related national definition

N/A

### Revision history

N/A

## F. Clinical Evidence

<b>Field name:</b>	fevidence
<b>Source data element(s):</b>	[F. Clinical Evidence] – webPSOLIS
<b>Definition:</b>	Clinical evidence supporting the level of risk selected for the absconding or non-compliance with intervention type of risk.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	String
<b>Format:</b>	[X(4000)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is mandatory.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to detail clinical evidence supporting the level of risk chosen for the absconding or non-compliance with intervention type of risk.

### Examples

	F. Clinical Evidence
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that the child is refusing treatment.	GP referral notes and responses to clinical questioning.

### Related national definition

N/A

### Revision history

N/A

## F. PSOLIS Alert

<b>Field name:</b>	falert
<b>Source data element(s):</b>	[F. PSOLIS Alert] – webPSOLIS
<b>Definition:</b>	Numeric identifier indicating if a PSOLIS alert has been raised for the absconding or non-compliance with treatment type of risk.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate if a PSOLIS alert has been raised for the level of risk of absconding or non-compliance with intervention for the consumer undergoing the CRAMP.

### Examples

	F. PSOLIS Alert
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that the child is refusing treatment and an alert is raised in PSOLIS.	1
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that there is no evidence of risk of absconding or non-compliance with treatment and no alert is raised in PSOLIS.	0

### Related national definition

N/A

### Revision history

N/A

## Friend or Family Member Suicided

<b>Field name:</b>	friendorfamilymembersuicided
<b>Source data element(s):</b>	[Friend or Family Member Suicided] – webPSOLIS
<b>Definition:</b>	Flag to indicate if friend or family member suicided is a risk to self or others risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether friend or family member suicided is a risk to self or others risk factor for the consumer undergoing the CRAMP.

### Examples

	Friend or Family Member Suicided
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that friend or family member suicided is a risk to self or others risk factor.	1
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that friend or family member suicided is not a risk to self or others risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## G. Risk of Impulsivity and Agitation

<b>Field name:</b>	gscore
<b>Source data element(s):</b>	[G. Risk of Impulsivity and Agitation] – webPSOLIS
<b>Definition:</b>	Numeric identifier indicating the level of risk for the impulsivity and agitation type of risk.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	<p>0 – Nil evidence of above risk</p> <p>1 – mildly distressed, aware of symptoms and able to control impulsiveness</p> <p>2 – moderately distressed, limited capacity to control impulsiveness</p> <p>3 – acutely distressed, limited capacity to control impulsiveness</p> <p>4 – extremely disturbed, limited capacity to control impulsiveness</p>

### Guide for use

Collection of this data element is mandatory.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate the level of risk of impulsivity and agitation for the consumer undergoing the CRAMP.

### Examples

	G. Risk of Impulsivity and Agitation
A child presents to a mental health clinic and a CRAMP is completed. The clinician determines that the child is moderately distressed, with limited capacity to control impulsiveness.	2
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that there is no evidence of risk for the child from impulsivity and agitation.	0

### Related national definition

N/A

### Revision history

N/A

## G. Clinical Evidence

<b>Field name:</b>	gevidence
<b>Source data element(s):</b>	[G. Clinical Evidence] – webPSOLIS
<b>Definition:</b>	Clinical evidence supporting the level of risk selected for the impulsivity and agitation type of risk.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	String
<b>Format:</b>	[X(4000)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is mandatory.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to detail clinical evidence supporting the level of risk chosen for the impulsivity and agitation type of risk.

### Examples

	G. Clinical Evidence
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that the child is agitated and cannot control impulsiveness.	GP referral notes and responses to clinical questioning.

### Related national definition

N/A

### Revision history

N/A

## G. PSOLIS Alert

<b>Field name:</b>	galert
<b>Source data element(s):</b>	[G. PSOLIS Alert] – webPSOLIS
<b>Definition:</b>	Numeric identifier indicating if a PSOLIS alert has been raised for the impulsivity and agitation type of risk.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate if a PSOLIS alert has been raised for the level of risk of impulsivity and agitation for the consumer undergoing the CRAMP.

### Examples

	G. PSOLIS Alert
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that the child is acutely distressed, with limited capacity to control impulsiveness.	1
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that there is no evidence of risk of impulsivity and agitation and no alert is raised in PSOLIS.	0

### Related national definition

N/A

### Revision history

N/A



## H. Influence of Drugs and Alcohol

<b>Field name:</b>	hscore
<b>Source data element(s):</b>	[H. Influence of Drugs and Alcohol] – webPSOLIS
<b>Definition:</b>	Numeric identifier indicating the level of risk for the influence of drugs and alcohol type of risk.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	<p>0 – Nil evidence of above risk</p> <p>1 – Denies recent use, has a history of use</p> <p>2 – Currently intoxicated, however alert, orientated and nil behavioural disturbance</p> <p>3 – Currently intoxicated, however alert, orientated and with moderate behavioural disturbance (loud / irritable)</p> <p>4 – As above with extreme behavioural disturbance</p>

### Guide for use

Collection of this data element is mandatory.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate the level of risk of influence of drugs and alcohol for the consumer undergoing the CRAMP.

### Examples

	H. Influence of Drugs and Alcohol
An adolescent presents to a mental health clinic and a CRAMP is completed. The clinician determines that the adolescent is currently intoxicated with extreme behavioural disturbance.	4
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that there is no evidence of risk for the child from influence of drugs and alcohol.	0

### Related national definition

N/A

### Revision history

N/A

## H. Clinical Evidence

<b>Field name:</b>	hevidence
<b>Source data element(s):</b>	[H. Clinical Evidence] – webPSOLIS
<b>Definition:</b>	Clinical evidence supporting the level of risk selected for the influence of drugs and alcohol type of risk.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	String
<b>Format:</b>	[X(4000)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is mandatory.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to detail clinical evidence supporting the level of risk chosen for the influence of drugs and alcohol type of risk.

### Examples

	H. Clinical Evidence
An adolescent presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that the adolescent is currently intoxicated and has extreme behavioural disturbance.	Drug test and responses to clinical questioning.

### Related national definition

N/A

### Revision history

N/A

## H. PSOLIS Alert

<b>Field name:</b>	halert
<b>Source data element(s):</b>	[H. PSOLIS Alert] – webPSOLIS
<b>Definition:</b>	Numeric identifier indicating if a PSOLIS alert has been raised for the influence of drugs and alcohol type of risk.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate if a PSOLIS alert has been raised for the level of risk of influence of drugs and alcohol the consumer undergoing the CRAMP.

### Examples

	H. PSOLIS Alert
An adolescent presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that the adolescent is currently intoxicated and has extreme behavioural disturbance.	1
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that there is no evidence of risk of influence of drugs and alcohol and no alert is raised in PSOLIS.	0

### Related national definition

N/A

### Revision history

N/A

## History of Family and Domestic Violence Perpetrator

<b>Field name:</b>	historyoffamilyanddomesticviolenceperpetrator
<b>Source data element(s):</b>	[History of Family and Domestic Violence Perpetrator] – webPSOLIS
<b>Definition:</b>	Flag to indicate if history of family and domestic violence perpetrator is a risk to self or others risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether history of family and domestic violence perpetrator is a risk to self or others risk factor for the consumer undergoing the CRAMP.

### Examples

	History of Family and Domestic Violence Perpetrator
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that history of family and domestic violence perpetrator is a risk to self or others risk factor.	1
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that history of family and domestic violence perpetrator is not a risk to self or others risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## History of Family and Domestic Violence Victim

<b>Field name:</b>	historyoffamilyanddomesticviolencevictim
<b>Source data element(s):</b>	[History of Family and Domestic Violence Victim] – webPSOLIS
<b>Definition:</b>	Flag to indicate if history of family and domestic violence victim is a risk to self or others risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether history of family and domestic violence victim is a risk to self or others risk factor for the consumer undergoing the CRAMP.

### Examples

	History of Family and Domestic Violence Victim
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that history of family and domestic violence victim is a risk to self or others risk factor.	1
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that history of family and domestic violence victim is not a risk to self or others risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## History of Violence Perpetrator

<b>Field name:</b>	historyofviolenceperpetrator
<b>Source data element(s):</b>	[History of Violence Perpetrator] – webPSOLIS
<b>Definition:</b>	Flag to indicate if history of violence perpetrator is a risk to self or others risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether history of violence perpetrator is a risk to self or others risk factor for the consumer undergoing the CRAMP.

### Examples

	History of Violence Perpetrator
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that history of violence perpetrator is a risk to self or others risk factor.	1
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that history of violence perpetrator is not a risk to self or others risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## History of Violence Victim

<b>Field name:</b>	historyofviolencevictim
<b>Source data element(s):</b>	[History of Violence Victim] – webPSOLIS
<b>Definition:</b>	Flag to indicate if history of violence victim is a risk to self or others risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether history of violence victim is a risk to self or others risk factor for the consumer undergoing the CRAMP.

### Examples

	History of Violence Victim
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that history of violence victim is a risk to self or others risk factor.	1
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that history of violence victim is not a risk to self or others risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## Hopelessness

<b>Field name:</b>	hopelessness
<b>Source data element(s):</b>	[Hopelessness] – webPSOLIS
<b>Definition:</b>	Flag to indicate if hopelessness is a risk to self or others risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether hopelessness is a risk to self or others risk factor for the consumer undergoing the CRAMP.

### Examples

	Hopelessness
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that hopelessness is a risk to self or others risk factor.	1
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that hopelessness is not a risk to self or others risk factor.	0

### Related national definition

N/A

### Revision history

N/A



## Ideation Harm to Others

<b>Field name:</b>	ideationharmtoothers
<b>Source data element(s):</b>	[Ideation Harm to Others] – webPSOLIS
<b>Definition:</b>	Flag to indicate if ideation harm to others is a risk to self or others risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether ideation harm to others is a risk to self or others risk factor for the consumer undergoing the CRAMP.

### Examples

	Ideation Harm to Others
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that ideation harm to others is a risk to self or others risk factor.	1
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that ideation harm to others is not a risk to self or others risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## Ideation Harm to Self

<b>Field name:</b>	ideationharmtoself
<b>Source data element(s):</b>	[Ideation Harm to Self] – webPSOLIS
<b>Definition:</b>	Flag to indicate if ideation harm to self is a risk to self or others risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether ideation harm to self is a risk to self or others risk factor for the consumer undergoing the CRAMP.

### Examples

	Ideation Harm to Self
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that ideation harm to self is a risk to self or others risk factor.	1
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that ideation harm to self is not a risk to self or others risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## Impulse / Self-control

<b>Field name:</b>	impulseselfcontrol
<b>Source data element(s):</b>	[Impulse / Self-control] – webPSOLIS
<b>Definition:</b>	Flag to indicate if impulse or self-control is a risk to self or others risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether impulse or self-control is a risk to self or others risk factor for the consumer undergoing the CRAMP.

### Examples

	Impulse / Self-control
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that impulse or self-control is a risk to self or others risk factor.	1
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that impulse or self-control is not a risk to self or others risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## Intent to Harm Others

<b>Field name:</b>	intentothers
<b>Source data element(s):</b>	[Intent to Harm Others] – webPSOLIS
<b>Definition:</b>	Flag to indicate if intent to harm others is a risk to self or others risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether intent to harm others is a risk to self or others risk factor for the consumer undergoing the CRAMP.

### Examples

	Intent to Harm Others
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that intent to harm others is a risk to self or others risk factor.	1
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that intent to harm others is not a risk to self or others risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## Intent to Self-harm

<b>Field name:</b>	intenttoselfharm
<b>Source data element(s):</b>	[Intent to Self-harm] – webPSOLIS
<b>Definition:</b>	Flag to indicate if intent to self-harm is a risk to self or others risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether intent to self-harm is a risk to self or others risk factor for the consumer undergoing the CRAMP.

### Examples

	Intent to Self-harm
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that intent to self-harm is a risk to self or others risk factor.	1
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that intent to self-harm is not a risk to self or others risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## Lack of Alternative Support

<b>Field name:</b>	lackofalternativesupport
<b>Source data element(s):</b>	[Lack of Alternative Support] – webPSOLIS
<b>Definition:</b>	Flag to indicate if lackofalternativesupport is a risk to self or others risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether lack of alternative support is a risk to self or others risk factor for the consumer undergoing the CRAMP.

### Examples

	Lack of Alternative Support
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that lack of alternative support is a risk to self or others risk factor.	1
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that lack of alternative support is not a risk to self or others risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## Lack of Insight

<b>Field name:</b>	lackofinsight
<b>Source data element(s):</b>	[Lack of Insight] – webPSOLIS
<b>Definition:</b>	Flag to indicate if lack of insight is a risk to self or others risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

## Guide for use

Collection of this data element is mandatory.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether lack of insight is a risk to self or others risk factor for the consumer undergoing the CRAMP.

## Examples

	Lack of Insight
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that lack of insight is a risk to self or others risk factor.	1
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that lack of insight is not a risk to self or others risk factor.	0

## Related national definition

N/A

## Revision history

N/A

## Negative Attitudes to Support Services

<b>Field name:</b>	negativeattitudestosupportservices
<b>Source data element(s):</b>	[Negative Attitudes to Support Services] – webPSOLIS
<b>Definition:</b>	Flag to indicate if negative attitudes to support services is a risk to self or others risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether negative attitudes to support services is a risk to self or others risk factor for the consumer undergoing the CRAMP.

### Examples

	Negative Attitudes to Support Services
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that negative attitudes to support services is a risk to self or others risk factor.	1
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that negative attitudes to support services is not a risk to self or others risk factor.	0

### Related national definition

N/A

### Revision history

N/A



## Next Appointment Date

<b>Field name:</b>	nextappointmentdate
<b>Source data element(s):</b>	[Next Appointment Date] – webPSOLIS
<b>Definition:</b>	The date on which the consumer’s next appointment is scheduled to occur.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	Datetime
<b>Format:</b>	YYYY-MM-DD HH:MM
<b>Permitted values:</b>	Valid date and time

### Guide for use

Collection of this data element is optional.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

### Examples

	Next Appointment Date
A child presents to a mental health service and a CRAMP is completed. A further appointment is scheduled three months hence.	2022-04-02 12:00

### Related national definition

N/A

### Revision history

N/A

## Non-compliance or Non-engagement with Safety Planning

<b>Field name:</b>	noncomplianceengagementwithsafetyplanning
<b>Source data element(s):</b>	[Non-compliance or Non-engagement with Safety Planning] – webPSOLIS
<b>Definition:</b>	Flag to indicate if non-compliance or non-engagement with safety planning is a risk to self or others risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether non-compliance or non-engagement with safety planning is a risk to self or others risk factor for the consumer undergoing the CRAMP.

### Examples

	Non-compliance or Non-engagement with Safety Planning
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that non-engagement with safety planning is a risk to self or others risk factor.	1
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that non-compliance or non-engagement with safety planning is not a risk to self or others risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## Non-compliance or Non-engagement with Treatment

<b>Field name:</b>	noncomplianceornonengagementwithtreatment
<b>Source data element(s):</b>	[Non-compliance or Non-engagement with Treatment] – webPSOLIS
<b>Definition:</b>	Flag to indicate if non-compliance or non-engagement with treatment is a risk to self or others risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether non-compliance or non-engagement with treatment is a risk to self or others risk factor for the consumer undergoing the CRAMP.

### Examples

	Non-compliance or Non-engagement with Treatment
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that non-engagement with treatment is a risk to self or others risk factor.	1
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that non-compliance or non-engagement with treatment is not a risk to self or others risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## Other Notified

<b>Field name:</b>	othernotified
<b>Source data element(s):</b>	[Other Notified] – webPSOLIS
<b>Definition:</b>	Flag to indicate if another person/authority has been notified about the child or adolescent consumer’s CRAMP.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – Not applicable

## Guide for use

Collection of this data element is mandatory.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

## Examples

	Other Notified
A child presents to a mental health service and a CRAMP is completed. Another person or authority is notified about the CRAMP.	1
A child presents to a mental health service and a CRAMP is completed. Another person or authority is not notified about the CRAMP.	0

## Related national definition

N/A

## Revision history

N/A

## Other Notified Date

<b>Field name:</b>	othernotifieddate
<b>Source data element(s):</b>	[Other Notified Date] – webPSOLIS
<b>Definition:</b>	The date on which another person or authority was notified about the CRAMP.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Datetime
<b>Format:</b>	YYYY-MM-DD HH:MM
<b>Permitted values:</b>	Valid date and time

## Guide for use

Collection of this data element is conditional. If another person or authority has been notified about the CRAMP this date must be recorded.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

## Examples

	Other Notified Date
A child presents to a mental health service and a CRAMP is completed. At 6pm on 2 April 2022 another authority is notified.	2022-04-02 18:00

## Related national definition

N/A

## Revision history

N/A

## Past History of Suicide / Self-harm

<b>Field name:</b>	pasthistoryofsuicideselfharm
<b>Source data element(s):</b>	[Past History of Suicide / Self-harm] – webPSOLIS
<b>Definition:</b>	Flag to indicate if plans for past history of suicide or self-harm is a risk to self or others risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether past history of suicide or self-harm is a risk to self or others risk factor for the consumer undergoing the CRAMP.

### Examples

	Past History of Suicide / Self-harm
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that past history of suicide/self-harm is a risk to self or others risk factor.	1
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that past history of suicide/self-harm is not a risk to self or others risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## Placement / Accommodation Instability

<b>Field name:</b>	placementaccommodationinstability
<b>Source data element(s):</b>	[Placement / Accommodation Instability] – webPSOLIS
<b>Definition:</b>	Flag to indicate if placement or accommodation instability is a risk to self or others risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether placement or accommodation instability is a risk to self or others risk factor for the consumer undergoing the CRAMP.

### Examples

	Placement / Accommodation Instability
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that placement or accommodation instability is a risk to self or others risk factor.	1
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that placement or accommodation instability is not a risk to self or others risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## Plans for Safety Lack Feasibility

<b>Field name:</b>	plansforsafetylackfeasibility
<b>Source data element(s):</b>	[Plans for Safety Lack Feasibility] – webPSOLIS
<b>Definition:</b>	Flag to indicate if plans for safety lack feasibility is a risk to self or others risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether plans for safety lack feasibility is a risk to self or others risk factor for the consumer undergoing the CRAMP.

### Examples

	Plans for Safety Lack Feasibility
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that plans for safety lack feasibility is a risk to self or others risk factor.	1
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that plans for safety lack feasibility is not a risk to self or others risk factor.	0

### Related national definition

N/A

### Revision history

N/A



## Protective Factors

<b>Field name:</b>	crampprotectivefactors
<b>Source data element(s):</b>	[Protective Factors] – webPSOLIS
<b>Definition:</b>	Information relating to factors that contribute positively to the consumer’s level of risk.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	String
<b>Format:</b>	[X(4000)]
<b>Permitted values:</b>	Alphanumeric combination

## Guide for use

Collection of this data element is optional.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to detail information relating to factors that contribute positively to the consumer’s level of risk.

## Examples

	Protective Factors
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that the child is insightful and is willing to engage with mental health clinicians.	Insightful, engaged with services.

## Related national definition

N/A

## Revision history

N/A

## PSOLIS Alert

<b>Field name:</b>	psolisalertrecorded
<b>Source data element(s):</b>	[PSOLIS Alert] – webPSOLIS
<b>Definition:</b>	Flag to indicate if a PSOLIS alert for the consumer has been recorded.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – Not applicable

### Guide for use

Collection of this data element is mandatory.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

### Examples

	PSOLIS Alert
A child presents to a mental health service and a CRAMP is completed. A PSOLIS alert is recorded.	1
A child presents to a mental health service and a CRAMP is completed. A PSOLIS alert is not recorded.	0

### Related national definition

N/A

### Revision history

N/A

## PSOLIS Alert Date

<b>Field name:</b>	alertrecordeddate
<b>Source data element(s):</b>	[PSOLIS Alert Date] – webPSOLIS
<b>Definition:</b>	The date on which the PSOLIS alert for the consumer is recorded.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Datetime
<b>Format:</b>	YYYY-MM-DD HH:MM
<b>Permitted values:</b>	Valid date and time

### Guide for use

Collection of this data element is conditional. If a PSOLIS alert for the consumer has been entered this date must be recorded.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

### Examples

	PSOLIS Alert Date
A child presents to a mental health service and a CRAMP is completed. An alert for the child is also entered into PSOLIS.	2022-04-02 15:00

### Related national definition

N/A

### Revision history

N/A

## Psychiatric History / Current Diagnosis

<b>Field name:</b>	psychiatrichistorycurrentdiagnosis
<b>Source data element(s):</b>	[Psychiatric History / Current Diagnosis] – webPSOLIS
<b>Definition:</b>	Flag to indicate if psychiatric history or current diagnosis is a risk to self or others risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether psychiatric history or current diagnosis is a risk to self or others risk factor for the consumer undergoing the CRAMP.

### Examples

	Psychiatric History / Current Diagnosis
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that psychiatric history/current diagnosis is a risk to self or others risk factor.	1
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that psychiatric history/current diagnosis is not a risk to self or others risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## Recent Episodes – Harm to Others

<b>Field name:</b>	recentepisodesharmtoothers
<b>Source data element(s):</b>	[Recent Episodes – Harm to Others] – webPSOLIS
<b>Definition:</b>	Flag to indicate if recent episodes – harm to others is a risk to self or others risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether recent episodes – harm to others is a risk to self or others risk factor for the consumer undergoing the CRAMP.

### Examples

	Recent Episodes – Harm to Others
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that recent episodes – harm to others is a risk to self or others risk factor.	1
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that recent episodes – harm to others is not a risk to self or others risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## Recent Episodes – Self Harm

<b>Field name:</b>	recentepisodesselfharm
<b>Source data element(s):</b>	[Recent Episodes – Self Harm] – webPSOLIS
<b>Definition:</b>	Flag to indicate if recent episodes – self harm is a risk to self or others risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether recent episodes – self harm is a risk to self or others risk factor for the consumer undergoing the CRAMP.

### Examples

	Recent Episodes – Self Harm
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that recent episodes – self harm is a risk to self or others risk factor.	1
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that recent episodes – self harm is not a risk to self or others risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## Referrer Notified

<b>Field name:</b>	referrernotified
<b>Source data element(s):</b>	[Referrer Notified] – webPSOLIS
<b>Definition:</b>	Flag to indicate if the referrer has been notified about the child or adolescent consumer’s CRAMP.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – Not applicable

### Guide for use

Collection of this data element is mandatory.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

### Examples

	Referrer Notified
A child presents to a mental health service and a CRAMP is completed. The referrer of the child is notified about the CRAMP.	1
A child presents to a mental health service and a CRAMP is completed. The referrer of the child is not notified about the CRAMP.	0

### Related national definition

N/A

### Revision history

N/A

## Referrer Notified Date

<b>Field name:</b>	referrernotifieddate
<b>Source data element(s):</b>	[Referrer Notified Date] – webPSOLIS
<b>Definition:</b>	The date on which the referrer was notified about the CRAMP.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Datetime
<b>Format:</b>	YYYY-MM-DD HH:MM
<b>Permitted values:</b>	Valid date and time

### Guide for use

Collection of this data element is conditional. If the referrer has been notified about the CRAMP this date must be recorded.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

### Examples

	Referrer Notified Date
A child presents to a mental health service and a CRAMP is completed. On 2 April 2022 the referrer is notified.	2022-04-02 15:00

### Related national definition

N/A

### Revision history

N/A



## Relationship Breakdown or Rejection

<b>Field name:</b>	relationshipbreakdownorrejection
<b>Source data element(s):</b>	[Relationship Breakdown or Rejection] – webPSOLIS
<b>Definition:</b>	Flag to indicate if relationship breakdown or rejection is a risk to self or others risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether relationship breakdown or rejection is a risk to self or others risk factor for the consumer undergoing the CRAMP.

### Examples

	Relationship Breakdown or Rejection
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that relationship breakdown or rejection is a risk to self or others risk factor.	1
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that relationship breakdown or rejection is not a risk to self or others risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## School Notified

<b>Field name:</b>	schoolnotified
<b>Source data element(s):</b>	[School Notified] – webPSOLIS
<b>Definition:</b>	Flag to indicate if the school has been notified about the child or adolescent consumer's CRAMP.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – Not applicable

### Guide for use

Collection of this data element is mandatory.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

### Examples

	School Notified
A child presents to a mental health service and a CRAMP is completed. The child's school is notified about the CRAMP.	1
A child presents to a mental health service and a CRAMP is completed. The child's school is not notified about the CRAMP.	0

### Related national definition

N/A

### Revision history

N/A

## School Notified Date

<b>Field name:</b>	schoolnotifieddate
<b>Source data element(s):</b>	[School Notified Date] – webPSOLIS
<b>Definition:</b>	The date on which the school was notified about the CRAMP.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Datetime
<b>Format:</b>	YYYY-MM-DD HH:MM
<b>Permitted values:</b>	Valid date and time

### Guide for use

Collection of this data element is conditional. If the school has been notified about the CRAMP this date must be recorded.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

### Examples

	School Notified Date
A child presents to a mental health service and a CRAMP is completed. On 2 April 2022 the child's school is notified.	2022-04-02 15:00

### Related national definition

N/A

### Revision history

N/A

## Sexualised Behaviour

<b>Field name:</b>	sexualisedbehaviour
<b>Source data element(s):</b>	[Sexualised Behaviour] – webPSOLIS
<b>Definition:</b>	Flag to indicate if sexualised behaviour is a risk to self or others risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether sexualised behaviour is a risk to self or others risk factor for the consumer undergoing the CRAMP.

### Examples

	Sexualised Behaviour
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that sexualised behaviour is a risk to self or others risk factor.	1
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that sexualised behaviour is not a risk to self or others risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## Stressors that are Likely to Increase Risk

<b>Field name:</b>	stressorsthatarelikelytoincreaserisk
<b>Source data element(s):</b>	[Stressors that are Likely to Increase Risk] – webPSOLIS
<b>Definition:</b>	Flag to indicate if stressors that are likely to increase risk is a risk to self or others risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether stressors that are likely to increase risk is a risk to self or others risk factor for the consumer undergoing the CRAMP.

### Examples

	Stressors that are Likely to Increase Risk
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that stressors that are likely to increase risk is a risk to self or others risk factor.	1
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that stressors that are likely to increase risk is not a risk to self or others risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## Upcoming Events / Anniversary

<b>Field name:</b>	upcomingeventsanniversary
<b>Source data element(s):</b>	[Upcoming Events / Anniversary] – webPSOLIS
<b>Definition:</b>	Flag to indicate if upcoming events or anniversary is a risk to self or others risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether upcoming events or anniversary is a risk to self or others risk factor for the consumer undergoing the CRAMP.

### Examples

	Upcoming Events / Anniversary
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that upcoming events/anniversary is a risk to self or others risk factor.	1
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that upcoming events/anniversary is not a risk to self or others risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## Vulnerability in Terms of Personality

<b>Field name:</b>	vulnerabilityintermsofpersonality
<b>Source data element(s):</b>	[Vulnerability in Terms of Personality] – webPSOLIS
<b>Definition:</b>	Flag to indicate if vulnerability in terms of personality is a risk to self or others risk factor.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

Child and adolescent consumers accepted for assessment by mental health services undergo a clinical risk assessment to evaluate the possibility of harm to self or others.

This data element is used to indicate whether vulnerability in terms of personality is a risk to self or others risk factor for the consumer undergoing the CRAMP.

### Examples

	Vulnerability in Terms of Personality
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that vulnerability in terms of personality is a risk to self or others risk factor.	1
A child presents to a mental health clinic and a CRAMP is completed. The clinician performing the assessment determines that vulnerability in terms of personality is not a risk to self or others risk factor.	0

### Related national definition

N/A

### Revision history

N/A

## **15. Mental health assessment**

The following section provides specific information about the mental health assessment data elements captured in the MHDC, including definitions, permitted values, guide for use, rules and operational examples.

All information relating to data elements in this data dictionary is specific to the MHDC, and caution should be taken if these data elements are compared with those of other data collections. Where relevant, related national definitions have been referenced.



## Accommodation Type

<b>Field name:</b>	accommodationtypeid
<b>Source data element(s):</b>	[Accommodation Type] – webPSOLIS
<b>Definition:</b>	The type of accommodation the consumer currently resides in, represented by a code.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N(2)
<b>Permitted values:</b>	<ul style="list-style-type: none"> <li>1 – Aboriginal Community</li> <li>2 – Acute Hospital</li> <li>3 – Caravan Park</li> <li>4 – Correctional Institution</li> <li>5 – Hostel</li> <li>6 – House or Flat</li> <li>7 – Independent Unit as part of a Retirement Village</li> <li>8 – No Usual Residence</li> <li>9 – Not Stated</li> <li>10 – Nursing Home</li> <li>11 – Other Accommodation</li> <li>12 – Psychiatric Hospital</li> </ul>

### Guide for use

Collection of this data element is mandatory.

This data element is used to record the type of accommodation in which the consumer is currently resident.

### Examples

	Accommodation Type
A consumer is resident at a caravan park.	3

### Related national definition

N/A

### Revision history

N/A

## Activities of Daily Living

<b>Field name:</b>	dailyliving
<b>Source data element(s):</b>	[Activities of Daily Living] – webPSOLIS
<b>Definition:</b>	Information detailing the daily living activities able to be performed by the consumer.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	String
<b>Format:</b>	[X(4000)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is optional.

Consumers referred to mental health services undergo a mental health assessment to evaluate their condition and need for care.

This data element is used to record the daily living activities able to be performed by the consumer, e.g. cooking, cleaning, shopping, self-care.

### Examples

	Activities of Daily Living
A consumer presents to a mental health clinic and a mental health assessment is completed.	Currently living alone and able to perform all activities of daily living.

### Related national definition

N/A

### Revision history

N/A

## Additional Information

<b>Field name:</b>	treatmentsadditionalinfo
<b>Source data element(s):</b>	[Additional Information] – webPSOLIS
<b>Definition:</b>	Further information regarding the consumer's current medical treatment.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	String
<b>Format:</b>	[X(4000)]
<b>Permitted values:</b>	Alphanumeric combination

## Guide for use

Collection of this data element is optional.

This data element is used to record any further information regarding the consumer's current medical treatment (e.g. medications recently ceased and reasons).

## Examples

	Additional Information
A consumer presents to a mental health clinic and a mental health assessment is completed.	Short term use of Topamax the previous year.

## Related national definition

N/A

## Revision history

N/A

## Administration Order

<b>Field name:</b>	hasadminorder
<b>Source data element(s):</b>	[Administration Order] – webPSOLIS
<b>Definition:</b>	A flag indicating whether the consumer has an administration order.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

This data element is used to record whether the consumer has an administration order.

### Examples

	Administration Order
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer has an administration order.	1
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer does not have an administration order.	0

### Related national definition

N/A

### Revision history

N/A

## Administrator Name

<b>Field name:</b>	legaladmin
<b>Source data element(s):</b>	[Administrator Name] – webPSOLIS
<b>Definition:</b>	The name of a consumer’s administrator.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	String
<b>Format:</b>	X[X(199)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is conditional. If the consumer has an administrator this data element must be recorded.

Consumers referred to mental health services undergo a mental health assessment to evaluate their condition and need for care.

This data element is used to record the name of the consumer’s administrator.

### Examples

	Administrator Name
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer has an administrator, John Smith.	John Smith

### Related national definition

N/A

### Revision history

N/A

## Advance Health Directive

<b>Field name:</b>	advancehealthdirective
<b>Source data element(s):</b>	[Advance Health Directive] – webPSOLIS
<b>Definition:</b>	A flag indicating whether an advance health directive is in place.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

This data element is used to record whether an advance health directive is in place for the consumer.

### Examples

	Advance Health Directive
A consumer presents to a mental health clinic and a mental health assessment is completed. An advance health directive is in place for the consumer.	1
A consumer presents to a mental health clinic and a mental health assessment is completed. An advance health directive is not in place for the consumer.	0

### Related national definition

N/A

### Revision history

N/A

## Affect and Mood

<b>Field name:</b>	mseffect
<b>Source data element(s):</b>	[Affect and Mood] – webPSOLIS
<b>Definition:</b>	Information detailing the affect and mood of the consumer.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	String
<b>Format:</b>	X[X(3999)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is mandatory.

Consumers referred to mental health services undergo a mental health assessment to evaluate their condition and need for care.

This data element is used to record the general affect (objective) and mood (subjective) of the consumer.

### Examples

	Affect and Mood
A consumer presents to a mental health clinic and the mental state examination component of a mental health assessment is completed.	Responses based on clinical observation.

### Related national definition

N/A

### Revision history

N/A

## Alerts/Risks

<b>Field name:</b>	alertsrecorded
<b>Source data element(s):</b>	[Alerts/Risks] – webPSOLIS
<b>Definition:</b>	Numeric identifier indicating whether an alert or risk has been recorded for the consumer.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

Consumers accepted for assessment by mental health services are evaluated to determine the possibility of harm to self or others.

This data element is used to indicate whether an alert or risk has been recorded for the consumer undergoing the assessment.

### Examples

	Alerts/Risks
A consumer presents to a mental health clinic and an MHA is completed. The clinician performing the assessment determines that the consumer may present a risk to others and places an alert on PSOLIS.	1
A consumer presents to a mental health clinic and an MHA is completed. The clinician performing the assessment determines that the consumer presents no risk to others and no alert is placed on PSOLIS.	0

### Related national definition

N/A

### Revision history

N/A



## Alerts/Risks Summary

<b>Field name:</b>	alertssummary
<b>Source data element(s):</b>	[Alerts/Risks Summary] – webPSOLIS
<b>Definition:</b>	Information regarding the consumer’s alerts/risks.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	String
<b>Format:</b>	[X(4000)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is conditional. If an alert/risk has been placed for the consumer this data element must be recorded.

Consumers accepted for assessment by mental health services are evaluated to determine the possibility of harm to self or others.

This data element is used to detail information regarding the consumer’s alerts/risks.

### Examples

	Alerts/Risks Summary
A consumer presents to a mental health clinic and an MHA is completed. The clinician performing the assessment determines that the consumer may present a risk to others and places an alert on PSOLIS.	Consumer is not known to be violent, but often employs aggressive postures and threatening language.

### Related national definition

N/A

### Revision history

N/A

## Allergies

<b>Field name:</b>	familyallergyhistory
<b>Source data element(s):</b>	[Allergies] – webPSOLIS
<b>Definition:</b>	Information detailing any known or possible allergies or adverse drug reactions of the consumer.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	String
<b>Format:</b>	[X(4000)]
<b>Permitted values:</b>	Alphanumeric combination

## Guide for use

Collection of this data element is optional.

Consumers referred to mental health services undergo a mental health assessment to evaluate their condition and need for care.

This data element is used to record any known or possible allergies or adverse drug reactions of the consumer or the consumer's family, including non-medication allergies.

## Examples

	Allergies
A consumer presents to a mental health clinic and a mental health assessment is completed.	Referral notes, medical record and responses to clinical questioning.

## Related national definition

N/A

## Revision history

N/A

## Appearance

<b>Field name:</b>	mseappearance
<b>Source data element(s):</b>	[Appearance] – webPSOLIS
<b>Definition:</b>	Information detailing the general physical characteristics of the consumer.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	String
<b>Format:</b>	X[X(3999)]
<b>Permitted values:</b>	Alphanumeric combination

## Guide for use

Collection of this data element is mandatory.

Consumers referred to mental health services undergo a mental health assessment to evaluate their condition and need for care.

This data element is used to record the general appearance of the consumer, e.g. age, gender, race/ethnic background, build.

## Examples

	Appearance
A consumer presents to a mental health clinic and the mental state examination component of a mental health assessment is completed.	Slim white male aged about 40.

## Related national definition

N/A

## Revision history

N/A

## Assessment Date and Time

<b>Field name:</b>	assessmentdate
<b>Source data element(s):</b>	[Assessment Date and Time] – webPSOLIS
<b>Definition:</b>	Date and time of the mental health assessment.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Datetime
<b>Format:</b>	YYYY-MM-DD HH:MM:SS
<b>Permitted values:</b>	Valid date and time

### Guide for use

Collection of this data element is mandatory.

This data element is used to record the date and time the consumer was assessed.

### Examples

	Assessment Date and Time
The clinician enters 20 July 2023 at 8am as the date and time the consumer was assessed.	2023-07-20 08:00:00

### Related national definition

N/A

### Revision history

N/A

## Assessment Location

<b>Field name:</b>	venueid
<b>Source data element(s):</b>	[Assessment Location] – webPSOLIS
<b>Definition:</b>	The location the assessment occurred, represented by a code.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N(4)
<b>Permitted values:</b>	Valid location code

### Guide for use

Collection of this data element is mandatory.

This data element is used to record the location at which the assessment was performed.

### Examples

	Assessment Location
A consumer is assessed at Fitzroy House.	374
A consumer is assessed at Albany Hospital.	4

### Related national definition

N/A

### Revision history

N/A

## Assessor Designation

<b>Field name:</b>	cliniandesignation
<b>Source data element(s):</b>	[Assessor Designation] – webPSOLIS
<b>Definition:</b>	The profession of the person performing the assessment.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	String
<b>Format:</b>	X[X(799)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is mandatory.

### Examples

	Assessor Designation
A consumer is assessed by Albany Mental Health Service.	Psychiatric Registrar

### Related national definition

N/A

### Revision history

N/A

## Assessor HE Number

<b>Field name:</b>	clinicianid
<b>Source data element(s):</b>	[Assessor HE Number] – webPSOLIS
<b>Definition:</b>	The health employee (HE) number of the person performing the assessment.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	String
<b>Format:</b>	X[X(9)]
<b>Permitted values:</b>	Valid HE number

### Guide for use

Collection of this data element is mandatory.

### Examples

	Assessor HE Number
A consumer is assessed by Albany Mental Health Service.	HE999990

### Related national definition

N/A

### Revision history

N/A

## ASSIST Completed

<b>Field name:</b>	assistcompleted
<b>Source data element(s):</b>	[Associate Present] – webPSOLIS
<b>Definition:</b>	A flag indicating whether the Alcohol, Smoking and Substance Involvement Screening Tool (ASSIST) was completed.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – N/A

### Guide for use

Collection of this data element is optional.

This data element is used to record whether the Alcohol, Smoking and Substance Involvement Screening Tool (ASSIST) was completed.

### Examples

	ASSIST Completed
A consumer presents to a mental health clinic and a mental health assessment is completed. An ASSIST is completed.	1
A consumer presents to a mental health clinic and a mental health assessment is completed. An ASSIST is not completed.	0
A consumer presents to a mental health clinic and a mental health assessment is completed. An ASSIST is not applicable.	2

### Related national definition

N/A

### Revision history

N/A



## B12

<b>Field name:</b>	pesb12
<b>Source data element(s):</b>	[B12] – webPSOLIS
<b>Definition:</b>	A flag indicating whether a B12 investigation has been performed.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

This data element is used to record whether a B12 investigation has been performed as part of the physical examination.

### Examples

	B12
A consumer presents to a mental health clinic and a mental health assessment is completed. A B12 investigation has been performed.	1
A consumer presents to a mental health clinic and a mental health assessment is completed. A B12 investigation has not been performed.	0

### Related national definition

N/A

### Revision history

N/A

## bHCG

<b>Field name:</b>	pesbhcg
<b>Source data element(s):</b>	[bHCG] – webPSOLIS
<b>Definition:</b>	A flag indicating whether a beta-human chorionic gonadotropin (bHCG) investigation has been performed.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

This data element is used to record whether a beta-human chorionic gonadotropin (bHCG) investigation has been performed as part of the physical examination.

### Examples

	bHCG
A consumer presents to a mental health clinic and a mental health assessment is completed. A bHCG investigation has been performed.	1
A consumer presents to a mental health clinic and a mental health assessment is completed. A bHCG investigation has not been performed.	0

### Related national definition

N/A

### Revision history

N/A

## Calcium

<b>Field name:</b>	pescalcium
<b>Source data element(s):</b>	[Calcium] – webPSOLIS
<b>Definition:</b>	A flag indicating whether a Calcium investigation has been performed.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

This data element is used to record whether a Calcium investigation has been performed as part of the physical examination.

### Examples

	Calcium
A consumer presents to a mental health clinic and a mental health assessment is completed. A Calcium investigation has been performed.	1
A consumer presents to a mental health clinic and a mental health assessment is completed. A Calcium investigation has not been performed.	0

### Related national definition

N/A

### Revision history

N/A

## Care Coordinator Comments

<b>Field name:</b>	carecoordinatorcomments
<b>Source data element(s):</b>	[Care Coordinator Comments] – webPSOLIS
<b>Definition:</b>	Additional information relating to the consumer’s care coordinator.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	String
<b>Format:</b>	[X(200)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is optional.

Consumers referred to mental health services undergo a mental health assessment to evaluate their condition and need for care.

This data element is used to record additional information relating to the consumer’s care coordinator.

### Examples

	Care Coordinator Comments
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer’s regular care coordinator is Jane Smith.	Not contactable Mondays and Wednesdays

### Related national definition

N/A

### Revision history

N/A

## Care Coordinator Contact Details

<b>Field name:</b>	carecoordinatorcontactdetails
<b>Source data element(s):</b>	[Care Coordinator Name] – webPSOLIS
<b>Definition:</b>	The consumer’s care coordinator’s contact details.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	String
<b>Format:</b>	[X(200)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is optional.

Consumers referred to mental health services undergo a mental health assessment to evaluate their condition and need for care.

This data element is used to record the contact details of the consumer’s care coordinator.

### Examples

	Care Coordinator Contact Details
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer’s regular care coordinator is Jane Smith.	08 1234 5678 (w) or 0123 456 789 (m)

### Related national definition

N/A

### Revision history

N/A

## Care Coordinator Name

<b>Field name:</b>	carecoordinatordisplayname
<b>Source data element(s):</b>	[Care Coordinator Name] – webPSOLIS
<b>Definition:</b>	Information detailing the consumer’s care coordinator.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	String
<b>Format:</b>	[X(200)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is optional.

Consumers referred to mental health services undergo a mental health assessment to evaluate their condition and need for care.

This data element is used to record information about the consumer’s care coordinator.

### Examples

	Care Coordinator Name
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer’s regular care coordinator is Jane Smith.	Jane Smith

### Related national definition

N/A

### Revision history

N/A

## Chlamydia

<b>Field name:</b>	peschlamydia
<b>Source data element(s):</b>	[Chlamydia] – webPSOLIS
<b>Definition:</b>	A flag indicating whether a chlamydia investigation has been performed.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

This data element is used to record whether a chlamydia investigation has been performed as part of the physical examination.

### Examples

	Chlamydia
A consumer presents to a mental health clinic and a mental health assessment is completed. A chlamydia investigation has been performed.	1
A consumer presents to a mental health clinic and a mental health assessment is completed. A chlamydia investigation has not been performed.	0

### Related national definition

N/A

### Revision history

N/A

## Clozapine

<b>Field name:</b>	pesclozapine
<b>Source data element(s):</b>	[Clozapine] – webPSOLIS
<b>Definition:</b>	A flag indicating whether a clozapine investigation has been performed.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

This data element is used to record whether a clozapine investigation has been performed as part of the physical examination.

### Examples

	Clozapine
A consumer presents to a mental health clinic and a mental health assessment is completed. A clozapine investigation has been performed.	1
A consumer presents to a mental health clinic and a mental health assessment is completed. A clozapine investigation has not been performed.	0

### Related national definition

N/A

### Revision history

N/A



## Cognition

<b>Field name:</b>	msecognition
<b>Source data element(s):</b>	[Cognition] – webPSOLIS
<b>Definition:</b>	Information detailing the cognition characteristics of the consumer.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	String
<b>Format:</b>	X[X(3999)]
<b>Permitted values:</b>	Alphanumeric combination

## Guide for use

Collection of this data element is mandatory.

Consumers referred to mental health services undergo a mental health assessment to evaluate their condition and need for care.

This data element is used to record the general cognition characteristics of the consumer, e.g. orientation: time, place, person.

## Examples

	Cognition
A consumer presents to a mental health clinic and the mental state examination component of a mental health assessment is completed.	Responses based on clinical observation.

## Related national definition

N/A

## Revision history

N/A

## Comments

<b>Field name:</b>	comments
<b>Source data element(s):</b>	[Comments] – webPSOLIS
<b>Definition:</b>	Additional information regarding medications the consumer is currently using.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	String
<b>Format:</b>	X[X(299)]
<b>Permitted values:</b>	Alphanumeric combination

## Guide for use

Collection of this data element is optional.

Consumers referred to mental health services undergo a mental health assessment to evaluate their condition and need for care.

This data element is used to record additional information about medication currently used by the consumer (e.g. prescriber, side effects, adherence).

## Examples

	Comments
A consumer presents to a mental health clinic and an MHA is completed. The consumer is currently receiving olanzapine (Zyprexa) by mouth.	Occasional restlessness and dry mouth side effects experienced.

## Related national definition

N/A

## Revision history

N/A

## Communication Issues

<b>Field name:</b>	communicationissues
<b>Source data element(s):</b>	[Communication Issues] – webPSOLIS
<b>Definition:</b>	Barriers that may impact effective communication during the assessment.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	String
<b>Format:</b>	[X(4000)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is optional.

This data element is used to record any communication issues that may impact the effectiveness of the assessment.

### Examples

	Communication Issues
A consumer is assessed by Albany Mental Health Service.	Language barrier – interpreter required.
A consumer is assessed by the State Forensic Mental Health Service.	Consumer has a sensory impairment – limited hearing.

### Related national definition

N/A

### Revision history

N/A

## Community Pharmacy Address

<b>Field name:</b>	pharmacyaddress
<b>Source data element(s):</b>	[Community Pharmacy Address] – webPSOLIS
<b>Definition:</b>	Information detailing the consumer’s community pharmacy.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	String
<b>Format:</b>	[X(700)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is optional.

Consumers referred to mental health services undergo a mental health assessment to evaluate their condition and need for care.

This data element is used to record information about the consumer’s community pharmacy.

### Examples

	Community Pharmacy Address
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer’s community pharmacy is at 51 State Street, Northbridge.	51 State Street, Northbridge

### Related national definition

N/A

### Revision history

N/A

## Community Pharmacy Fax Number

<b>Field name:</b>	pharmacyfax
<b>Source data element(s):</b>	[Community Pharmacy Fax Number] – webPSOLIS
<b>Definition:</b>	Information detailing the consumer’s community pharmacy.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	String
<b>Format:</b>	[X(32)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is optional.

Consumers referred to mental health services undergo a mental health assessment to evaluate their condition and need for care.

This data element is used to record information about the consumer’s community pharmacy.

### Examples

	Community Pharmacy Fax Number
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer’s community pharmacy is at 51 State Street, Northbridge.	08 1234 5678

### Related national definition

N/A

### Revision history

N/A

## Community Pharmacy Name

<b>Field name:</b>	pharmacyname
<b>Source data element(s):</b>	[Community Pharmacy Name] – webPSOLIS
<b>Definition:</b>	Information detailing the consumer’s community pharmacy.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	String
<b>Format:</b>	[X(80)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is optional.

Consumers referred to mental health services undergo a mental health assessment to evaluate their condition and need for care.

This data element is used to record information about the consumer’s community pharmacy.

### Examples

	Community Pharmacy Name
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer’s community pharmacy is at 51 State Street, Northbridge.	State Street Pharmacy

### Related national definition

N/A

### Revision history

N/A

## Community Pharmacy Phone Number

<b>Field name:</b>	pharmacyphone
<b>Source data element(s):</b>	[Community Pharmacy Phone Number] – webPSOLIS
<b>Definition:</b>	Information detailing the consumer’s community pharmacy.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	String
<b>Format:</b>	[X(32)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is optional.

Consumers referred to mental health services undergo a mental health assessment to evaluate their condition and need for care.

This data element is used to record information about the consumer’s community pharmacy.

### Examples

	Community Pharmacy Phone Number
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer’s community pharmacy is at 51 State Street, Northbridge.	08 1234 5678

### Related national definition

N/A

### Revision history

N/A

## Concerns for Dependant

<b>Field name:</b>	childsafetyconcerns
<b>Source data element(s):</b>	[Concerns for Dependant] – webPSOLIS
<b>Definition:</b>	A flag indicating whether concerns exist regarding the safety of any of the consumer’s dependants.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

Consumers referred to mental health services undergo a mental health assessment to evaluate their condition and need for care.

This data element is used to record whether any concerns exist regarding the safety of any of the consumer’s dependants.

### Examples

	Concerns for Dependant
A consumer with dependants presents to a mental health clinic and a mental health assessment is completed. Some concerns exist for the safety of the consumer’s dependants.	1
A consumer with dependants presents to a mental health clinic and a mental health assessment is completed. No concerns exist for the safety of the consumer’s dependants.	0

### Related national definition

N/A

### Revision history

N/A



## Consultant Date and Time

<b>Field name:</b>	mapplanconsultdate
<b>Source data element(s):</b>	[Consultant Date and Time] – webPSOLIS
<b>Definition:</b>	Date and time the consumer's initial Management Plan was discussed.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Datetime
<b>Format:</b>	YYYY-MM-DD HH:MM:SS
<b>Permitted values:</b>	Valid date and time

## Guide for use

Collection of this data element is conditional. If an initial Management Plan discussion has occurred with a consultant psychiatrist/senior clinician, the date and time of the discussion must be recorded.

## Examples

	Consultant Date and Time
A consumer presents to a mental health clinic and an initial Management Plan is prepared. The Plan is then discussed with a consultant psychiatrist.	2023-07-20 08:00:00

## Related national definition

N/A

## Revision history

N/A

## Consulted with HE Number

<b>Field name:</b>	consultedwithuserid
<b>Source data element(s):</b>	[Consulted with HE Number] – webPSOLIS
<b>Definition:</b>	The health employee (HE) number of the clinician a consumer's initial Management Plan was discussed with.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	String
<b>Format:</b>	X[X(9)]
<b>Permitted values:</b>	Valid HE number

## Guide for use

Collection of this data element is conditional. If an initial Management Plan discussion has occurred the HE number of the clinician consulted must be recorded.

## Examples

	Consulted with HE Number
A consumer presents to a mental health clinic and an initial Management Plan is prepared. The Plan is then discussed with a consultant psychiatrist.	HE888880

## Related national definition

N/A

## Revision history

N/A

## Consumer Consent

<b>Field name:</b>	consumerconsent
<b>Source data element(s):</b>	[Consumer Consent] – webPSOLIS
<b>Definition:</b>	A flag indicating whether the consumer has consented to the admission and treatment.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

This data element is used to record whether the consumer has consented to the proposed admission and treatment.

### Examples

	Consumer Consent
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer consents to the treatment proposed.	1
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer does not consent to the treatment proposed.	0

### Related national definition

N/A

### Revision history

N/A

## Contact with Children

<b>Field name:</b>	childcontact
<b>Source data element(s):</b>	[Contact with Children] – webPSOLIS
<b>Definition:</b>	A flag indicating whether the consumer has any contact with children through access visits or shared residence.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

This data element is used to record whether the consumer has any contact with children through access visits or shared residence.

### Examples

	Contact with Children
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer has no contact with children.	0
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer lives with her partner and they share the care of their daughter.	1

### Related national definition

N/A

### Revision history

N/A

## CRP

<b>Field name:</b>	pescrp
<b>Source data element(s):</b>	[CRP] – webPSOLIS
<b>Definition:</b>	A flag indicating whether a C-reactive protein (CRP) investigation has been performed.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

This data element is used to record whether a C-reactive protein (CRP) investigation has been performed as part of the physical examination.

### Examples

	CRP
A consumer presents to a mental health clinic and a mental health assessment is completed. A CRP investigation has been performed.	1
A consumer presents to a mental health clinic and a mental health assessment is completed. A CRP investigation has not been performed.	0

### Related national definition

N/A

### Revision history

N/A

## CT Head

<b>Field name:</b>	pescthead
<b>Source data element(s):</b>	[CT Head] – webPSOLIS
<b>Definition:</b>	A flag indicating whether a computed tomography (CT) head investigation has been performed.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

This data element is used to record whether a computed tomography (CT) head investigation has been performed as part of the physical examination.

### Examples

	CT Head
A consumer presents to a mental health clinic and a mental health assessment is completed. A CT head investigation has been performed.	1
A consumer presents to a mental health clinic and a mental health assessment is completed. A CT head investigation has not been performed.	0

### Related national definition

N/A

### Revision history

N/A

## CTO

<b>Field name:</b>	ctorecorded
<b>Source data element(s):</b>	[CTO] – webPSOLIS
<b>Definition:</b>	A flag indicating whether a community treatment order is in place.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

This data element is used to record whether a community treatment order is in place for the consumer.

### Examples

	CTO
A consumer presents to a mental health clinic and a mental health assessment is completed. A CTO is in place for the consumer.	1
A consumer presents to a mental health clinic and a mental health assessment is completed. A CTO is not in place for the consumer.	0

### Related national definition

N/A

### Revision history

N/A

## CTO Expiry Date

<b>Field name:</b>	ctoexpirydate
<b>Source data element(s):</b>	[CTO Expiry Date] – PSOLIS
<b>Definition:</b>	Date the community treatment order expires.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Datetime
<b>Format:</b>	YYYY-MM-DD
<b>Permitted values:</b>	Valid date

### Guide for use

Collection of this data element is conditional. If the consumer is currently the subject of a community treatment order this data element must be recorded.

### Examples

	CTO Expiry Date
A community treatment order is due to expire on 15 May 2023 at 10am.	2023-05-15

### Related national definition

N/A

### Revision history

N/A



## Current Medications

<b>Field name:</b>	name
<b>Source data element(s):</b>	[Current Medications] – webPSOLIS
<b>Definition:</b>	The names of medications the consumer is currently using.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	String
<b>Format:</b>	X[X(199)]
<b>Permitted values:</b>	Alphanumeric combination

## Guide for use

Collection of this data element is conditional. If the consumer is currently on any medication this data element must be recorded.

Consumers referred to mental health services undergo a mental health assessment to evaluate their condition and need for care.

This data element is used to record current medication use.

## Examples

	Current Medications
A consumer presents to a mental health clinic and an MHA is completed. The consumer is currently receiving olanzapine (Zyprexa) by mouth.	Olanzapine

## Related national definition

N/A

## Revision history

N/A

## CXR

<b>Field name:</b>	pescxr
<b>Source data element(s):</b>	[CXR] – webPSOLIS
<b>Definition:</b>	A flag indicating whether a chest x-ray (CXR) investigation has been performed.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

This data element is used to record whether a chest x-ray (CXR) investigation has been performed as part of the physical examination.

### Examples

	CXR
A consumer presents to a mental health clinic and a mental health assessment is completed. A CXR investigation has been performed.	1
A consumer presents to a mental health clinic and a mental health assessment is completed. A CXR investigation has not been performed.	0

### Related national definition

N/A

### Revision history

N/A

## Dependant Age / Date of Birth

<b>Field name:</b>	agedob
<b>Source data element(s):</b>	[Dependant Age / Date of Birth] – webPSOLIS
<b>Definition:</b>	The age or date of birth of a consumer's dependant.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	String
<b>Format:</b>	X[X(49)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is conditional. If the consumer has a dependant this data element must be recorded.

Consumers referred to mental health services undergo a mental health assessment to evaluate their condition and need for care.

This data element is used to record the details of the consumer's dependants.

### Examples

	Dependant Age / Date of Birth
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer has a son aged 13.	13
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer has a daughter.	15th Sep 2020
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer cares for an elderly mother.	Thinks age is around 85

### Related national definition

N/A

### Revision history

N/A

## Dependant First Name

<b>Field name:</b>	firstname
<b>Source data element(s):</b>	[Dependant First Name] – webPSOLIS
<b>Definition:</b>	The first name of a consumer's dependant.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	String
<b>Format:</b>	X[X(49)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is conditional. If the consumer has a dependant this data element must be recorded.

Consumers referred to mental health services undergo a mental health assessment to evaluate their condition and need for care.

This data element is used to record the details of the consumer's dependants.

### Examples

	Dependant First Name
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer has a son, John Smith.	John

### Related national definition

N/A

### Revision history

N/A

## Dependant Last Name

<b>Field name:</b>	surname
<b>Source data element(s):</b>	[Dependant Last Name] – webPSOLIS
<b>Definition:</b>	The surname of a consumer's dependant.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	String
<b>Format:</b>	X[X(49)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is conditional. If the consumer has a dependant this data element must be recorded.

Consumers referred to mental health services undergo a mental health assessment to evaluate their condition and need for care.

This data element is used to record the details of the consumer's dependants.

### Examples

	Dependant Last Name
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer has a son, John Smith.	Smith

### Related national definition

N/A

### Revision history

N/A

## Dependant Relationship

<b>Field name:</b>	relationshipid
<b>Source data element(s):</b>	[Dependant Relationship] – webPSOLIS
<b>Definition:</b>	The relationship of a dependant to the consumer.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	String
<b>Format:</b>	X[X(49)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is conditional. If the consumer has a dependant this data element must be recorded.

Consumers referred to mental health services undergo a mental health assessment to evaluate their condition and need for care.

This data element is used to record the relationship of a dependant to the consumer.

### Examples

	Dependant Relationship
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer has a son, John Smith.	Son

### Related national definition

N/A

### Revision history

N/A

## Dependant Whereabouts

<b>Field name:</b>	whereabouts
<b>Source data element(s):</b>	[Dependant Whereabouts] – webPSOLIS
<b>Definition:</b>	The current whereabouts of a consumer's dependant.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	String
<b>Format:</b>	X[X(49)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is conditional. If the consumer has a dependant this data element must be recorded.

Consumers referred to mental health services undergo a mental health assessment to evaluate their condition and need for care.

This data element is used to record the current whereabouts of the consumer's dependant.

### Examples

	Dependant Whereabouts
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer has a son aged 13.	Living at home
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer has a daughter.	Staying temporarily with father
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer cares for an elderly mother.	Lives in own home

### Related national definition

N/A

### Revision history

N/A

## Developmental and Personal History

<b>Field name:</b>	developmentalhistory
<b>Source data element(s):</b>	[Developmental and Personal History] – webPSOLIS
<b>Definition:</b>	Information detailing the consumer’s developmental and personal history.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	String
<b>Format:</b>	[X(4000)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is optional.

Consumers referred to mental health services undergo a mental health assessment to evaluate their condition and need for care.

This data element is used to record the consumer’s developmental and personal history:

- Genogram.
- Family, perinatal, childhood, and adolescent development.
- Social, intellectual development.
- Recreational, educational and employment history.
- Premorbid personality.
- Abuse and neglect.

### Examples

	Developmental and Personal History
A consumer presents to a mental health clinic and a mental health assessment is completed.	Referral notes, medical record and responses to clinical questioning.

### Related national definition

N/A

### Revision history

N/A



## Dose / Frequency / Route

<b>Field name:</b>	dosefrequency
<b>Source data element(s):</b>	[Dose / Frequency / Route] – webPSOLIS
<b>Definition:</b>	Information about the medications the consumer is currently using.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	String
<b>Format:</b>	X[X(199)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is conditional. If the consumer is currently on any medication this data element must be recorded.

Consumers referred to mental health services undergo a mental health assessment to evaluate their condition and need for care.

This data element is used to record the dose, frequency and route of medications the consumer is currently using.

### Examples

	Dose / Frequency / Route
A consumer presents to a mental health clinic and an MHA is completed. The consumer is currently receiving olanzapine (Zyprexa) by mouth.	1 tablet (20 mg), daily, by mouth

### Related national definition

N/A

### Revision history

N/A

## Driving

<b>Field name:</b>	driving
<b>Source data element(s):</b>	[Driving] – webPSOLIS
<b>Definition:</b>	A flag indicating whether the consumer can drive.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

## Guide for use

Collection of this data element is optional.

This data element is used to record whether the consumer can drive.

## Examples

	Driving
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer can drive.	1
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer cannot drive.	0

## Related national definition

N/A

## Revision history

N/A

## Drug and Alcohol History

<b>Field name:</b>	drugalcoholhistory
<b>Source data element(s):</b>	[Drug and Alcohol History] – webPSOLIS
<b>Definition:</b>	Information detailing the consumer’s drug and alcohol history.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	String
<b>Format:</b>	[X(4000)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is optional.

Consumers referred to mental health services undergo a mental health assessment to evaluate their condition and need for care.

This data element is used to record past and current substance use, amounts and frequency, features of dependence and abuse, prior treatments and their outcomes.

### Examples

	Drug and Alcohol History
A consumer presents to a mental health clinic and a mental health assessment is completed.	Referral notes, medical record and responses to clinical questioning.

### Related national definition

N/A

### Revision history

N/A

## Enduring Power of Attorney

<b>Field name:</b>	hasenduringpoa
<b>Source data element(s):</b>	[Enduring Power of Attorney] – webPSOLIS
<b>Definition:</b>	A flag indicating whether the consumer has an enduring power of attorney appointed.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

This data element is used to record whether the consumer has an enduring power of attorney appointed.

### Examples

	Enduring Power of Attorney
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer has an enduring power of attorney appointed.	1
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer does not have an enduring power of attorney appointed.	0

### Related national definition

N/A

### Revision history

N/A

## Enduring Power of Attorney Name

<b>Field name:</b>	enduringpoa
<b>Source data element(s):</b>	[Enduring Power of Attorney Name] – webPSOLIS
<b>Definition:</b>	The name of the individual with a consumer’s enduring power of attorney.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	String
<b>Format:</b>	X[X(199)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is conditional. If the consumer has an enduring power of attorney appointed this data element must be recorded.

Consumers referred to mental health services undergo a mental health assessment to evaluate their condition and need for care.

This data element is used to record the name of the individual with the consumer’s enduring power of attorney.

### Examples

	Enduring Power of Attorney Name
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer has an enduring power of attorney appointed, John Smith.	John Smith

### Related national definition

N/A

### Revision history

N/A

## Enduring Power of Guardianship

<b>Field name:</b>	hasenduringpog
<b>Source data element(s):</b>	[Enduring Power of Guardianship] – webPSOLIS
<b>Definition:</b>	A flag indicating whether the consumer has an enduring power of guardianship appointed.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

This data element is used to record whether the consumer has an enduring power of guardianship appointed.

### Examples

	Enduring Power of Guardianship
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer has an enduring power of guardianship appointed.	1
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer does not have an enduring power of guardianship appointed.	0

### Related national definition

N/A

### Revision history

N/A

## Enduring Power of Guardianship Name

<b>Field name:</b>	enduringpog
<b>Source data element(s):</b>	[Enduring Power of Guardianship Name] – webPSOLIS
<b>Definition:</b>	The name of the individual with a consumer’s enduring power of guardianship.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	String
<b>Format:</b>	X[X(199)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is conditional. If the consumer has an enduring power of guardianship appointed this data element must be recorded.

Consumers referred to mental health services undergo a mental health assessment to evaluate their condition and need for care.

This data element is used to record the name of the individual with the consumer’s enduring power of guardianship.

### Examples

	Enduring Power of Guardianship Name
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer has an enduring power of guardianship appointed, John Smith.	John Smith

### Related national definition

N/A

### Revision history

N/A

## Family History

<b>Field name:</b>	familymedicalhistory
<b>Source data element(s):</b>	[Family History] – webPSOLIS
<b>Definition:</b>	Information detailing the consumer’s family’s medical and mental health history.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	String
<b>Format:</b>	[X(4000)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is optional.

Consumers referred to mental health services undergo a mental health assessment to evaluate their condition and need for care.

This data element is used to record mental health, addiction or significant physical problems in parents or relatives; their treatments, experience of illness and care.

### Examples

	Family History
A consumer presents to a mental health clinic and a mental health assessment is completed.	Referral notes, medical record and responses to clinical questioning.

### Related national definition

N/A

### Revision history

N/A



## Fasting BSL

<b>Field name:</b>	pesfastingbsl
<b>Source data element(s):</b>	[Fasting BSL] – webPSOLIS
<b>Definition:</b>	A flag indicating whether a fasting blood sugar level (BSL) investigation has been performed.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

This data element is used to record whether a fasting blood sugar level (BSL) investigation has been performed as part of the physical examination.

### Examples

	Fasting BSL
A consumer presents to a mental health clinic and a mental health assessment is completed. A fasting BSL investigation has been performed.	1
A consumer presents to a mental health clinic and a mental health assessment is completed. A fasting BSL investigation has not been performed.	0

### Related national definition

N/A

### Revision history

N/A

## FBC

<b>Field name:</b>	pesfbc
<b>Source data element(s):</b>	[FBC] – webPSOLIS
<b>Definition:</b>	A flag indicating whether a full blood count (FBC) investigation has been performed.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

This data element is used to record whether a full blood count (FBC) investigation has been performed as part of the physical examination.

### Examples

	FBC
A consumer presents to a mental health clinic and a mental health assessment is completed. An FBC investigation has been performed.	1
A consumer presents to a mental health clinic and a mental health assessment is completed. An FBC investigation has not been performed.	0

### Related national definition

N/A

### Revision history

N/A

## Folate

<b>Field name:</b>	pesfolate
<b>Source data element(s):</b>	[Folate] – webPSOLIS
<b>Definition:</b>	A flag indicating whether a folate investigation has been performed.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

## Guide for use

Collection of this data element is mandatory.

This data element is used to record whether a folate investigation has been performed as part of the physical examination.

## Examples

	Folate
A consumer presents to a mental health clinic and a mental health assessment is completed. A folate investigation has been performed.	1
A consumer presents to a mental health clinic and a mental health assessment is completed. A folate investigation has not been performed.	0

## Related national definition

N/A

## Revision history

N/A

## Formulation

<b>Field name:</b>	formulation
<b>Source data element(s):</b>	[Formulation] – webPSOLIS
<b>Definition:</b>	Information detailing any formulation associated with the consumer’s mental health assessment.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	String
<b>Format:</b>	[X(4000)]
<b>Permitted values:</b>	Alphanumeric combination

## Guide for use

Collection of this data element is optional.

Consumers referred to mental health services undergo a mental health assessment to evaluate their condition and need for care.

This data element is used to record any formulation associated with the consumer’s mental health assessment.

## Examples

	Formulation
A consumer presents to a mental health clinic and a mental health assessment is completed.	Responses based on clinical enquiry.

## Related national definition

N/A

## Revision history

N/A

## Functional Assessment

<b>Field name:</b>	functionalassessment
<b>Source data element(s):</b>	[Functional Assessment] – webPSOLIS
<b>Definition:</b>	A flag indicating whether a Functional Assessment was completed.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – N/A

### Guide for use

Collection of this data element is optional.

This data element is used to record whether a Functional Assessment was completed.

### Examples

	Functional Assessment
A consumer presents to a mental health clinic and a mental health assessment is completed. A Functional Assessment is completed.	1
A consumer presents to a mental health clinic and a mental health assessment is completed. A Functional Assessment is not completed.	0
A consumer presents to a mental health clinic and a mental health assessment is completed. A Functional Assessment is not applicable.	2

### Related national definition

N/A

### Revision history

N/A

## Gonorrhoea

<b>Field name:</b>	pesgonorrhoea
<b>Source data element(s):</b>	[Gonorrhoea] – webPSOLIS
<b>Definition:</b>	A flag indicating whether a gonorrhoea investigation has been performed.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

This data element is used to record whether a gonorrhoea investigation has been performed as part of the physical examination.

### Examples

	Gonorrhoea
A consumer presents to a mental health clinic and a mental health assessment is completed. A gonorrhoea investigation has been performed.	1
A consumer presents to a mental health clinic and a mental health assessment is completed. A gonorrhoea investigation has not been performed.	0

### Related national definition

N/A

### Revision history

N/A

## Guardian Name

<b>Field name:</b>	legalguardian
<b>Source data element(s):</b>	[Guardian Name] – webPSOLIS
<b>Definition:</b>	The name of a consumer’s legal guardian.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	String
<b>Format:</b>	X[X(199)]
<b>Permitted values:</b>	Alphanumeric combination

## Guide for use

Collection of this data element is conditional. If the consumer has a guardian this data element must be recorded.

Consumers referred to mental health services undergo a mental health assessment to evaluate their condition and need for care.

This data element is used to record the name of the consumer’s guardian.

## Examples

	Guardian Name
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer has a guardian, John Smith.	John Smith

## Related national definition

N/A

## Revision history

N/A

## Guardianship Order

<b>Field name:</b>	hasguardianorder
<b>Source data element(s):</b>	[Guardianship Order] – webPSOLIS
<b>Definition:</b>	A flag indicating whether the consumer has a guardianship order.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

This data element is used to record whether the consumer has a guardianship order.

### Examples

	Guardianship Order
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer has a guardianship order.	1
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer does not have a guardianship order.	0

### Related national definition

N/A

### Revision history

N/A



## Hba1c

<b>Field name:</b>	peshxx
<b>Source data element(s):</b>	[Hba1c] – webPSOLIS
<b>Definition:</b>	A flag indicating whether a haemoglobin A1c (Hba1c) investigation has been performed.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

This data element is used to record whether a haemoglobin A1c (Hba1c) investigation has been performed as part of the physical examination.

### Examples

	Hba1c
A consumer presents to a mental health clinic and a mental health assessment is completed. An Hba1c investigation has been performed.	1
A consumer presents to a mental health clinic and a mental health assessment is completed. An Hba1c investigation has not been performed.	0

### Related national definition

N/A

### Revision history

N/A

## Hepatitis / HIV

<b>Field name:</b>	peshepatitishiv
<b>Source data element(s):</b>	[Hepatitis/HIV] – webPSOLIS
<b>Definition:</b>	A flag indicating whether a Hepatitis/HIV investigation has been performed.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

This data element is used to record whether a hepatitis/HIV investigation has been performed as part of the physical examination.

### Examples

	Hepatitis/HIV
A consumer presents to a mental health clinic and a mental health assessment is completed. A hepatitis/HIV investigation has been performed.	1
A consumer presents to a mental health clinic and a mental health assessment is completed. A hepatitis/HIV investigation has not been performed.	0

### Related national definition

N/A

### Revision history

N/A

## History of Presenting Problem

<b>Field name:</b>	problemhistory
<b>Source data element(s):</b>	[History of Presenting Problem] – webPSOLIS
<b>Definition:</b>	Information detailing the history and reason for the assessment.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	String
<b>Format:</b>	X[X(3999)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is mandatory.

Consumers referred to mental health services undergo a mental health assessment to evaluate their condition and need for care.

This data element is used to record the history of the consumer's presenting problem.

### Examples

	History of Presenting Problem
A consumer presents to a mental health clinic and a mental health assessment is completed.	Referral notes and responses to clinical questioning.

### Related national definition

N/A

### Revision history

N/A

## Initial Management Plan

<b>Field name:</b>	initialmanplan
<b>Source data element(s):</b>	[Initial Management Plan] – webPSOLIS
<b>Definition:</b>	Information detailing the initial Management Plan prepared for the consumer.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	String
<b>Format:</b>	X[X(3999)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is conditional.

If an initial Management Plan has been prepared for the consumer this data element must be recorded.

Consumers referred to mental health services undergo a mental health assessment to evaluate their condition and need for care.

This data element is used to record details of the initial Management Plan prepared for the consumer.

### Examples

	Initial Management Plan
A consumer presents to a mental health clinic and a mental health assessment is completed.	Responses based on clinical enquiry/determination.

### Related national definition

N/A

### Revision history

N/A

## Initial Management Plan Discussion

<b>Field name:</b>	manplandiscussed
<b>Source data element(s):</b>	[Initial Management Plan Discussion] – webPSOLIS
<b>Definition:</b>	A flag indicating whether the initial Management Plan discussion has occurred.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – N/A

### Guide for use

Collection of this data element is mandatory.

This data element is used to record whether the initial Management Plan for the consumer has been discussed with a consultant psychiatrist/senior clinician.

### Examples

	Initial Management Plan Discussion
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer's initial Management Plan has been discussed with a senior clinician.	1
A consumer presents to a mental health clinic and a mental health assessment is completed. No initial Management Plan discussion with a consultant psychiatrist/senior clinician has yet occurred.	0
A consumer presents to a mental health clinic and a mental health assessment is completed. An initial Management Plan discussion with a consultant psychiatrist/senior clinician is not applicable.	2

### Related national definition

N/A

### Revision history

N/A

## Insight

<b>Field name:</b>	mseinsight
<b>Source data element(s):</b>	[Insight] – webPSOLIS
<b>Definition:</b>	Information detailing the insight characteristics of the consumer.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	String
<b>Format:</b>	X[X(3999)]
<b>Permitted values:</b>	Alphanumeric combination

## Guide for use

Collection of this data element is mandatory.

Consumers referred to mental health services undergo a mental health assessment to evaluate their condition and need for care.

This data element is used to record the general insight characteristics of the consumer, e.g. capacity to understand problem, symptoms or illness.

## Examples

	Insight
A consumer presents to a mental health clinic and the mental state examination component of a mental health assessment is completed.	Responses based on clinical observation.

## Related national definition

N/A

## Revision history

N/A

## Investigation Plan

<b>Field name:</b>	pesinvestigationplan
<b>Source data element(s):</b>	[Investigation Plan] – webPSOLIS
<b>Definition:</b>	Information detailing the Investigation Plan prepared for the consumer.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	String
<b>Format:</b>	X[X(3999)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is mandatory.

This data element is used to record the consumer's Investigation Plan.

### Examples

	Investigation Plan
A consumer presents to a mental health clinic and a mental health assessment is completed.	Referral notes and responses to clinical questioning.

### Related national definition

N/A

### Revision history

N/A

## Involuntary

<b>Field name:</b>	involuntary
<b>Source data element(s):</b>	[Involuntary] – webPSOLIS
<b>Definition:</b>	A flag indicating whether the consumer is an involuntary patient.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

This data element is used to record whether the consumer is an involuntary patient.

### Examples

	Involuntary
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer is an involuntary patient.	1
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer is not an involuntary patient.	0

### Related national definition

N/A

### Revision history

N/A



## Is Smoker

<b>Field name:</b>	issmoker
<b>Source data element(s):</b>	[Is Smoker] – webPSOLIS
<b>Definition:</b>	A flag indicating whether the consumer is a smoker.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is optional.

This data element is used to record whether the consumer is a smoker.

### Examples

	Is Smoker
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer is not a smoker.	0
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer is a smoker.	1

### Related national definition

N/A

### Revision history

N/A

## Legal Issues

<b>Field name:</b>	legalissues
<b>Source data element(s):</b>	[Legal Issues] – webPSOLIS
<b>Definition:</b>	Information detailing legal issues affecting the consumer or that have been experienced.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	String
<b>Format:</b>	X[X(3999)]
<b>Permitted values:</b>	Alphanumeric combination

## Guide for use

Collection of this data element is mandatory.

Consumers referred to mental health services undergo a mental health assessment to evaluate their condition and need for care.

This data element is used to document current legal orders (e.g. Guardianship), past, current and pending court cases, and to record convictions for violent offences.

## Examples

	Legal Issues
A consumer presents to a mental health clinic and a mental health assessment is completed.	Referral notes, court documents and responses to clinical questioning.

## Related national definition

N/A

## Revision history

N/A

## LFT

<b>Field name:</b>	peslft
<b>Source data element(s):</b>	[LFT] – webPSOLIS
<b>Definition:</b>	A flag indicating whether a liver function test (LFT) investigation has been performed.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

This data element is used to record whether a liver function test (LFT) investigation has been performed as part of the physical examination.

### Examples

	FBC
A consumer presents to a mental health clinic and a mental health assessment is completed. An LFT investigation has been performed.	0
A consumer presents to a mental health clinic and a mental health assessment is completed. An LFT investigation has not been performed.	1

### Related national definition

N/A

### Revision history

N/A

## Lipid Profile

<b>Field name:</b>	pesprofile
<b>Source data element(s):</b>	[Lipid Profile] – webPSOLIS
<b>Definition:</b>	A flag indicating whether a lipid profile investigation has been performed.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

## Guide for use

Collection of this data element is mandatory.

This data element is used to record whether a lipid profile investigation has been performed as part of the physical examination.

## Examples

	Lipid Profile
A consumer presents to a mental health clinic and a mental health assessment is completed. A lipid profile investigation has been performed.	1
A consumer presents to a mental health clinic and a mental health assessment is completed. A lipid profile investigation has not been performed.	0

## Related national definition

N/A

## Revision history

N/A

## Lithium

<b>Field name:</b>	peslithium
<b>Source data element(s):</b>	[Lithium] – webPSOLIS
<b>Definition:</b>	A flag indicating whether a lithium investigation has been performed.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

This data element is used to record whether a lithium investigation has been performed as part of the physical examination.

### Examples

	Lithium
A consumer presents to a mental health clinic and a mental health assessment is completed. A lithium investigation has been performed.	1
A consumer presents to a mental health clinic and a mental health assessment is completed. A lithium investigation has not been performed.	0

### Related national definition

N/A

### Revision history

N/A

## Lives Alone

<b>Field name:</b>	livesalone
<b>Source data element(s):</b>	[Lives Alone] – webPSOLIS
<b>Definition:</b>	A flag indicating whether the consumer lives alone.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

## Guide for use

Collection of this data element is mandatory.

This data element is used to record whether the consumer lives alone.

## Examples

	Lives Alone
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer lives alone.	1
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer does not live alone.	0

## Related national definition

N/A

## Revision history

N/A

## Location of Risk Management Plan

<b>Field name:</b>	dependantplanlocation
<b>Source data element(s):</b>	[Location of Risk Management Plan] – webPSOLIS
<b>Definition:</b>	The location of the management plan for a consumer with at-risk dependants.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	String
<b>Format:</b>	X[X(49)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is conditional. If concerns exist about the safety of one of the consumer's dependants this data element must be recorded.

Consumers referred to mental health services undergo a mental health assessment to evaluate their condition and need for care.

This data element is used to record the location of the Risk Management Plan covering the consumer's dependant.

### Examples

	Location of Risk Management Plan
A consumer presents to a mental health clinic and a mental health assessment is completed. During the assessment, a possible risk to the consumer's child is identified.	In consumer's medical record.

### Related national definition

N/A

### Revision history

N/A

## Magnesium

<b>Field name:</b>	pesmagnesium
<b>Source data element(s):</b>	[Magnesium] – webPSOLIS
<b>Definition:</b>	A flag indicating whether a magnesium investigation has been performed.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

This data element is used to record whether a magnesium investigation has been performed as part of the physical examination.

### Examples

	Magnesium
A consumer presents to a mental health clinic and a mental health assessment is completed. A magnesium investigation has been performed.	1
A consumer presents to a mental health clinic and a mental health assessment is completed. A magnesium investigation has not been performed.	0

### Related national definition

N/A

### Revision history

N/A



## Medical History

<b>Field name:</b>	medicalhistory
<b>Source data element(s):</b>	[Medical History] – webPSOLIS
<b>Definition:</b>	Information detailing the consumer’s medical history.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	String
<b>Format:</b>	[X(4000)]
<b>Permitted values:</b>	Alphanumeric combination

## Guide for use

Collection of this data element is optional.

Consumers referred to mental health services undergo a mental health assessment to evaluate their condition and need for care.

This data element is used to record medical conditions and treatments, relevant systems review, and relevant investigations and results.

## Examples

	Medical History
A consumer presents to a mental health clinic and a mental health assessment is completed.	Referral notes, medical record and responses to clinical questioning.

## Related national definition

N/A

## Revision history

N/A

## Mental Health History

<b>Field name:</b>	mentalhealthhistory
<b>Source data element(s):</b>	[Mental Health History] – webPSOLIS
<b>Definition:</b>	Information detailing the consumer’s mental health history.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	String
<b>Format:</b>	X[X(3999)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is mandatory.

Consumers referred to mental health services undergo a mental health assessment to evaluate their condition and need for care.

This data element is used to record past episodes of current or other mental health problems, past treatments and hospitalisations, and other engagements with care.

### Examples

	Mental Health History
A consumer presents to a mental health clinic and a mental health assessment is completed.	Referral notes, medical record and responses to clinical questioning.

### Related national definition

N/A

### Revision history

N/A

## Motor Behaviour

<b>Field name:</b>	msemotorbehaviour
<b>Source data element(s):</b>	[Motor Behaviour] – webPSOLIS
<b>Definition:</b>	Information detailing the general movement characteristics of the consumer.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	String
<b>Format:</b>	X[X(3999)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is mandatory.

Consumers referred to mental health services undergo a mental health assessment to evaluate their condition and need for care.

This data element is used to record the general motor behavior characteristics of the consumer, e.g. eye contact, motor activity, rapport.

### Examples

	Motor Behaviour
A consumer presents to a mental health clinic and the mental state examination component of a mental health assessment is completed.	Responses based on clinical observation.

### Related national definition

N/A

### Revision history

N/A

## MRI

<b>Field name:</b>	pesmri
<b>Source data element(s):</b>	[MRI] – webPSOLIS
<b>Definition:</b>	A flag indicating whether a magnetic resonance imaging (MRI) investigation has been performed.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

This data element is used to record whether a magnetic resonance imaging (MRI) investigation has been performed as part of the physical examination.

### Examples

	MRI
A consumer presents to a mental health clinic and a mental health assessment is completed. An MRI investigation has been performed.	1
A consumer presents to a mental health clinic and a mental health assessment is completed. An MRI investigation has not been performed.	0

### Related national definition

N/A

### Revision history

N/A

## Next of Kin Address

<b>Field name:</b>	nokaddress
<b>Source data element(s):</b>	[Next of Kin Address] – webPSOLIS
<b>Definition:</b>	Information detailing the consumer's next of kin.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	String
<b>Format:</b>	[X(700)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is optional.

Consumers referred to mental health services undergo a mental health assessment to evaluate their condition and need for care.

This data element is used to record information about the consumer's next of kin.

### Examples

	Next of Kin Address
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer's next of kin is their mother, Jane Smith, of 51 State Street, Northbridge.	51 State Street, Northbridge

### Related national definition

N/A

### Revision history

N/A

## Next of Kin Consent

<b>Field name:</b>	nextofkinconsent
<b>Source data element(s):</b>	[Next of Kin Consent] – webPSOLIS
<b>Definition:</b>	A flag indicating whether the consumer's next of kin has consented to the admission and treatment.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

This data element is used to record whether the consumer's next of kin has consented to the proposed admission and treatment.

### Examples

	Next of Kin Consent
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer's next of kin consents to the treatment proposed.	1
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer's next of kin does not consent to the treatment proposed.	0

### Related national definition

N/A

### Revision history

N/A

## Next of Kin First Name

<b>Field name:</b>	nokfirstname
<b>Source data element(s):</b>	[Next of Kin First Name] – webPSOLIS
<b>Definition:</b>	Information detailing the consumer's next of kin.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	String
<b>Format:</b>	[X(50)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is optional.

Consumers referred to mental health services undergo a mental health assessment to evaluate their condition and need for care.

This data element is used to record information about the consumer's next of kin.

### Examples

	Next of Kin First Name
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer's next of kin is their mother, Jane Smith.	Jane

### Related national definition

N/A

### Revision history

N/A

## Next of Kin Phone Number Home

<b>Field name:</b>	nokhomephone
<b>Source data element(s):</b>	[Next of Kin Phone Number Home] – webPSOLIS
<b>Definition:</b>	Information detailing the consumer's next of kin.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	String
<b>Format:</b>	[X(32)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is optional.

Consumers referred to mental health services undergo a mental health assessment to evaluate their condition and need for care.

This data element is used to record information about the consumer's next of kin.

### Examples

	Next of Kin Phone Number Home
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer's next of kin is their mother, Jane Smith.	08 1234 5678

### Related national definition

N/A

### Revision history

N/A



## Next of Kin Phone Number Mobile

<b>Field name:</b>	nokmobilephone
<b>Source data element(s):</b>	[Next of Kin Phone Number Mobile] – webPSOLIS
<b>Definition:</b>	Information detailing the consumer's next of kin.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	String
<b>Format:</b>	[X(32)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is optional.

Consumers referred to mental health services undergo a mental health assessment to evaluate their condition and need for care.

This data element is used to record information about the consumer's next of kin.

### Examples

	Next of Kin Phone Number Mobile
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer's next of kin is their mother, Jane Smith.	0123 456 789

### Related national definition

N/A

### Revision history

N/A

## Next of Kin Phone Number Work

<b>Field name:</b>	nokworkphone
<b>Source data element(s):</b>	[Next of Kin Phone Number Work] – webPSOLIS
<b>Definition:</b>	Information detailing the consumer's next of kin.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	String
<b>Format:</b>	[X(32)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is optional.

Consumers referred to mental health services undergo a mental health assessment to evaluate their condition and need for care.

This data element is used to record information about the consumer's next of kin.

### Examples

	Next of Kin Phone Number Work
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer's next of kin is their mother, Jane Smith.	08 1234 5678

### Related national definition

N/A

### Revision history

N/A

## Next of Kin Relationship

<b>Field name:</b>	nokrelationship
<b>Source data element(s):</b>	[Next of Kin Relationship] – webPSOLIS
<b>Definition:</b>	Information detailing the consumer's next of kin.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	String
<b>Format:</b>	[X(25)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is optional.

Consumers referred to mental health services undergo a mental health assessment to evaluate their condition and need for care.

This data element is used to record information about the consumer's next of kin.

### Examples

	Next of Kin Relationship
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer's next of kin is their mother.	Mother

### Related national definition

N/A

### Revision history

N/A

## Next of Kin Surname

<b>Field name:</b>	noksurname
<b>Source data element(s):</b>	[Next of Kin Surname] – webPSOLIS
<b>Definition:</b>	Information detailing the consumer's next of kin.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	String
<b>Format:</b>	[X(50)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is optional.

Consumers referred to mental health services undergo a mental health assessment to evaluate their condition and need for care.

This data element is used to record information about the consumer's next of kin.

### Examples

	Next of Kin Surname
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer's next of kin is their mother, Jane Smith.	Smith

### Related national definition

N/A

### Revision history

N/A

## Offered Member of Community

<b>Field name:</b>	offeredcommunity
<b>Source data element(s):</b>	[Offered Member of Community] – webPSOLIS
<b>Definition:</b>	A flag indicating whether the consumer was offered the involvement of a significant member of the person's community.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

This data element is used to record whether the consumer has been offered the involvement of a significant member of the person's community.

### Examples

	Offered Member of Community
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer is offered the involvement of a significant member of the person's community.	1
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer is not offered the involvement of a significant member of the person's community.	0

### Related national definition

N/A

### Revision history

N/A

## Offered Member of Community Accepted

<b>Field name:</b>	acceptedcommunity
<b>Source data element(s):</b>	[Offered Member of Community Accepted] – webPSOLIS
<b>Definition:</b>	A flag indicating whether the consumer accepted the offer of the involvement of a significant member of the person’s community.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is conditional. If the consumer has been offered the involvement of a significant member of the person’s community this data element must be completed.

This data element is used to record whether the consumer has been offered the involvement of a significant member of the person’s community.

### Examples

	Offered Member of Community Accepted
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer is offered and accepts the involvement of a significant member of the person’s community.	1
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer is offered but does not accept the involvement of a significant member of the person’s community.	0

### Related national definition

N/A

### Revision history

N/A

## Other Agencies

<b>Field name:</b>	otheragencies
<b>Source data element(s):</b>	[Other Agencies] – webPSOLIS
<b>Definition:</b>	Information detailing other agencies involved in the care of the consumer.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	String
<b>Format:</b>	[X(4000)]
<b>Permitted values:</b>	Alphanumeric combination

## Guide for use

Collection of this data element is optional.

Consumers referred to mental health services undergo a mental health assessment to evaluate their condition and need for care.

This data element is used to detail other agencies that are involved in the care of the consumer.

## Examples

	Other Agencies
A consumer presents to a mental health clinic and a mental health assessment is completed.	Weekly cleaning and gardening support provided by local council.

## Related national definition

N/A

## Revision history

N/A

## Other Carer Responsibilities

<b>Field name:</b>	carerresponsibilities
<b>Source data element(s):</b>	[Other Carer Responsibilities] – webPSOLIS
<b>Definition:</b>	A flag indicating whether the consumer has any other carer responsibilities.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

This data element is used to record whether the consumer has any other carer responsibilities, e.g. aged or disabled adult.

### Examples

	Other Carer Responsibilities
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer has no other carer responsibilities.	0
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer lives with and cares for her elderly mother.	1

### Related national definition

N/A

### Revision history

N/A



## Other Contact Address

<b>Field name:</b>	otheraddress
<b>Source data element(s):</b>	[Other Contact Address] – webPSOLIS
<b>Definition:</b>	Information detailing the consumer’s other contact.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	String
<b>Format:</b>	[X(700)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is optional.

Consumers referred to mental health services undergo a mental health assessment to evaluate their condition and need for care.

This data element is used to record information about the consumer’s other contact.

### Examples

	Other Contact Address
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer’s other contact is their friend, Jane Smith, of 51 State Street, Northbridge.	51 State Street, Northbridge

### Related national definition

N/A

### Revision history

N/A

## Other Contact First Name

<b>Field name:</b>	otherfirstname
<b>Source data element(s):</b>	[Other Contact First Name] – webPSOLIS
<b>Definition:</b>	Information detailing the consumer’s other contact.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	String
<b>Format:</b>	[X(50)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is optional.

Consumers referred to mental health services undergo a mental health assessment to evaluate their condition and need for care.

This data element is used to record information about the consumer’s other contact.

### Examples

	Other Contact First Name
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer’s other contact is their friend, Jane Smith.	Jane

### Related national definition

N/A

### Revision history

N/A

## Other Contact Phone Number Home

<b>Field name:</b>	otherhomephone
<b>Source data element(s):</b>	[Other Contact Phone Number Home] – webPSOLIS
<b>Definition:</b>	Information detailing the consumer’s other contact.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	String
<b>Format:</b>	[X(32)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is optional.

Consumers referred to mental health services undergo a mental health assessment to evaluate their condition and need for care.

This data element is used to record information about the consumer’s other contact.

### Examples

	Other Contact Phone Number Home
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer’s other contact is their friend, Jane Smith.	08 1234 5678

### Related national definition

N/A

### Revision history

N/A

## Other Contact Phone Number Mobile

<b>Field name:</b>	othermobilephone
<b>Source data element(s):</b>	[Other Contact Phone Number Mobile] – webPSOLIS
<b>Definition:</b>	Information detailing the consumer's other contact.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	String
<b>Format:</b>	[X(32)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is optional.

Consumers referred to mental health services undergo a mental health assessment to evaluate their condition and need for care.

This data element is used to record information about the consumer's other contact.

### Examples

	Other Contact Phone Number Mobile
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer's other contact is their friend, Jane Smith.	0123 456 789

### Related national definition

N/A

### Revision history

N/A

## Other Contact Phone Number Work

<b>Field name:</b>	otherworkphone
<b>Source data element(s):</b>	[Other Contact Phone Number Work] – webPSOLIS
<b>Definition:</b>	Information detailing the consumer’s other contact.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	String
<b>Format:</b>	[X(32)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is optional.

Consumers referred to mental health services undergo a mental health assessment to evaluate their condition and need for care.

This data element is used to record information about the consumer’s other contact.

### Examples

	Other Contact Phone Number Work
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer’s other contact is their friend, Jane Smith.	08 1234 5678

### Related national definition

N/A

### Revision history

N/A

## Other Contact Relationship

<b>Field name:</b>	otherrelationship
<b>Source data element(s):</b>	[Other Contact Relationship] – webPSOLIS
<b>Definition:</b>	Information detailing the consumer's other contact.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	String
<b>Format:</b>	[X(25)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is optional.

Consumers referred to mental health services undergo a mental health assessment to evaluate their condition and need for care.

This data element is used to record information about the consumer's other contact.

### Examples

	Other Contact Relationship
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer's other contact is their friend.	Friend

### Related national definition

N/A

### Revision history

N/A

## Other Contact Surname

<b>Field name:</b>	othersurname
<b>Source data element(s):</b>	[Other Contact Surname] – webPSOLIS
<b>Definition:</b>	Information detailing the consumer’s other contact.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	String
<b>Format:</b>	[X(50)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is optional.

Consumers referred to mental health services undergo a mental health assessment to evaluate their condition and need for care.

This data element is used to record information about the consumer’s other contact.

### Examples

	Other Contact Surname
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer’s other contact is their friend, Jane Smith.	Smith

### Related national definition

N/A

### Revision history

N/A

## Other Treatments

<b>Field name:</b>	treatmentsother
<b>Source data element(s):</b>	[Other Treatments] – webPSOLIS
<b>Definition:</b>	Further information regarding the consumer’s current medical treatment.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	String
<b>Format:</b>	[X(4000)]
<b>Permitted values:</b>	Alphanumeric combination

## Guide for use

Collection of this data element is optional.

This data element is used to record any further information regarding the consumer’s current medical treatment.

## Examples

	Other Treatments
A consumer presents to a mental health clinic and a mental health assessment is completed.	Currently using Ventolin inhaler for asthma.

## Related national definition

N/A

## Revision history

N/A



## Perception

<b>Field name:</b>	mseperception
<b>Source data element(s):</b>	[Perception] – webPSOLIS
<b>Definition:</b>	Information detailing the perception of the consumer.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	String
<b>Format:</b>	X[X(3999)]
<b>Permitted values:</b>	Alphanumeric combination

## Guide for use

Collection of this data element is mandatory.

Consumers referred to mental health services undergo a mental health assessment to evaluate their condition and need for care.

This data element is used to record the general perception of the consumer, e.g. hallucinations, depersonalization, and illusions.

## Examples

	Perception
A consumer presents to a mental health clinic and the mental state examination component of a mental health assessment is completed.	Responses based on clinical observation.

## Related national definition

N/A

## Revision history

N/A

## Phosphate

<b>Field name:</b>	pesphosphate
<b>Source data element(s):</b>	[Phosphate] – webPSOLIS
<b>Definition:</b>	A flag indicating whether a phosphate investigation has been performed.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

This data element is used to record whether a phosphate investigation has been performed as part of the physical examination.

### Examples

	Phosphate
A consumer presents to a mental health clinic and a mental health assessment is completed. A phosphate investigation has been performed.	1
A consumer presents to a mental health clinic and a mental health assessment is completed. A phosphate investigation has not been performed.	0

### Related national definition

N/A

### Revision history

N/A

## Physical Appearance

<b>Field name:</b>	pespacompleted
<b>Source data element(s):</b>	[Physical Appearance] – webPSOLIS
<b>Definition:</b>	A flag indicating whether a physical appearance check has been completed.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – N/A

### Guide for use

Collection of this data element is mandatory.

This data element is used to record whether a physical appearance check of the consumer has been completed.

### Examples

	Physical Appearance
A consumer presents to a mental health clinic and a mental health assessment is completed. A physical appearance check is completed.	1
A consumer presents to a mental health clinic and a mental health assessment is completed. A physical appearance check is not completed.	0
A consumer presents to a mental health clinic and a mental health assessment is completed. A physical appearance check is not applicable.	2

### Related national definition

N/A

### Revision history

N/A

## Physical Examination

<b>Field name:</b>	pespecompleted
<b>Source data element(s):</b>	[Physical Examination] – webPSOLIS
<b>Definition:</b>	A flag indicating whether a physical examination has been completed.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – N/A

### Guide for use

Collection of this data element is mandatory.

This data element is used to record whether a physical examination of the consumer has been completed (note: A physical examination must be completed within 12 hours of admission).

### Examples

	Physical Examination
A consumer presents to a mental health clinic and a mental health assessment is completed. A physical examination is completed.	1
A consumer presents to a mental health clinic and a mental health assessment is completed. A physical examination is not completed.	0
A consumer presents to a mental health clinic and a mental health assessment is completed. A physical examination is not applicable.	2

### Related national definition

N/A

### Revision history

N/A

## Primary Carer Identified

<b>Field name:</b>	primarycareridentified
<b>Source data element(s):</b>	[Primary Carer Identified] – webPSOLIS
<b>Definition:</b>	A flag indicating whether a primary carer has been identified for the consumer.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

This data element is used to record whether a primary carer has been identified for the consumer.

### Examples

	Primary Carer
A consumer presents to a mental health clinic and a mental health assessment is completed. A primary carer has been identified for the consumer.	1
A consumer presents to a mental health clinic and a mental health assessment is completed. A primary carer has not been identified for the consumer.	0

### Related national definition

N/A

### Revision history

N/A

## Primary Carer Name

<b>Field name:</b>	primarycarername
<b>Source data element(s):</b>	[Primary Carer Name] – webPSOLIS
<b>Definition:</b>	The name of the consumer’s primary carer.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	String
<b>Format:</b>	X[X(199)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is conditional. If the consumer has a primary carer this data element should be recorded.

Consumers referred to mental health services undergo a mental health assessment to evaluate their condition and need for care.

This data element is used to record the name of the consumer’s primary carer.

### Examples

	Primary Carer Name
A consumer presents to a mental health clinic and a mental health assessment is completed. The name of the consumer’s primary carer is John Smith.	John Smith

### Related national definition

N/A

### Revision history

N/A

## Prolactin

<b>Field name:</b>	pesprolactin
<b>Source data element(s):</b>	[Prolactin] – webPSOLIS
<b>Definition:</b>	A flag indicating whether a prolactin investigation has been performed.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

This data element is used to record whether a prolactin investigation has been performed as part of the physical examination.

### Examples

	Prolactin
A consumer presents to a mental health clinic and a mental health assessment is completed. A prolactin investigation has been performed.	1
A consumer presents to a mental health clinic and a mental health assessment is completed. A prolactin investigation has not been performed.	0

### Related national definition

N/A

### Revision history

N/A

## RAMP

<b>Field name:</b>	rampattached
<b>Source data element(s):</b>	[RAMP] – webPSOLIS
<b>Definition:</b>	A flag indicating whether a Risk Assessment and Management Plan (RAMP) has been attached to the Mental Health Assessment.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes 2 – N/A

### Guide for use

Collection of this data element is mandatory.

This data element is used to record whether a Risk Assessment and Management Plan (RAMP) has been attached to the Mental Health Assessment.

### Examples

	RAMP
A consumer presents to a mental health clinic and a mental health assessment is completed. A RAMP is attached.	1
A consumer presents to a mental health clinic and a mental health assessment is completed. A RAMP is not attached.	0
A consumer presents to a mental health clinic and a mental health assessment is completed. A RAMP is not applicable.	2

### Related national definition

N/A

### Revision history

N/A



## Reason for Assessment

<b>Field name:</b>	reasonforassessment
<b>Source data element(s):</b>	[Reason for Assessment] – webPSOLIS
<b>Definition:</b>	The underlying cause or condition requiring the assessment.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	String
<b>Format:</b>	X[X(3999)]
<b>Permitted values:</b>	Alphanumeric combination

## Guide for use

Collection of this data element is mandatory.

This data element is used to record the reason the assessment is taking place.

## Examples

	Rason for Assessment
A consumer is referred to Albany Mental Health Service.	Experiencing feelings of hopelessness
A consumer is referred to the State Forensic Mental Health Service.	History of self harm

## Related national definition

N/A

## Revision history

N/A

## Reason No RAMP

<b>Field name:</b>	norampreason
<b>Source data element(s):</b>	[Reason no RAMP] – webPSOLIS
<b>Definition:</b>	The reason a RAMP was not attached to the Mental Health Assessment.
<b>Requirement status:</b>	Conditional
<b>Data type:</b>	String
<b>Format:</b>	X[X(3999)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is conditional. If a Risk Assessment and Management Plan (RAMP) has not been attached to the Mental Health Assessment this data element must be recorded.

Consumers referred to mental health services undergo a mental health assessment to evaluate their condition and need for care. This should include the completion of the Risk Assessment and Management form MR905.

This data element is used to record the reason a RAMP has not been attached to the Mental Health Assessment.

### Examples

	Reason No RAMP
A consumer presents to a mental health clinic and a mental health assessment is completed. No RAMP is attached.	Destroyed in error – to be redone.

### Related national definition

N/A

### Revision history

N/A

## Referred By

<b>Field name:</b>	referredby
<b>Source data element(s):</b>	[Referred By] – webPSOLIS
<b>Definition:</b>	Person, program or organisation making the referral.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	String
<b>Format:</b>	X[X(799)]
<b>Permitted values:</b>	Alphanumeric combination

## Guide for use

Collection of this data element is mandatory.

A formal referral is a process in which a consumer has had a fax, phone call, letter or email provided to the mental health service on their behalf requesting service or they have self-presented to the mental health service.

This data element details the name of the person, program or organisation who made the mental health consumer's referral.

All activations must have a valid referral.

Referrals are valid for three months whereupon a new referral is required for the consumer to be activated or for additional service event items to be entered.

Referrals must be recorded in webPSOLIS, regardless of the communication medium.

## Examples

	Referred By
A consumer is referred to Albany Mental Health Service.	Tom from Albany After Hours GP
A consumer is referred to the State Forensic Mental Health Service.	Hakea Prison

## Related national definition

N/A

## Revision history

N/A

## Regular GP Address

<b>Field name:</b>	gpaddress
<b>Source data element(s):</b>	[Regular GP Address] – webPSOLIS
<b>Definition:</b>	Information detailing the consumer's regular GP.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	String
<b>Format:</b>	[X(700)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is optional.

Consumers referred to mental health services undergo a mental health assessment to evaluate their condition and need for care.

This data element is used to record information about the consumer's regular GP.

### Examples

	Regular GP Address
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer's regular GP is Jane Smith, of 51 State Street, Northbridge.	51 State Street, Northbridge

### Related national definition

N/A

### Revision history

N/A

## Regular GP Fax Number

<b>Field name:</b>	gpfax
<b>Source data element(s):</b>	[Regular GP Fax Number] – webPSOLIS
<b>Definition:</b>	Information detailing the consumer's regular GP.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	String
<b>Format:</b>	[X(32)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is optional.

Consumers referred to mental health services undergo a mental health assessment to evaluate their condition and need for care.

This data element is used to record information about the consumer's regular GP.

### Examples

	Regular GP Fax Number
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer's regular GP is Jane Smith.	08 1234 5678

### Related national definition

N/A

### Revision history

N/A

## Regular GP First Name

<b>Field name:</b>	gpfirstname
<b>Source data element(s):</b>	[Regular GP First Name] – webPSOLIS
<b>Definition:</b>	Information detailing the consumer's regular GP.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	String
<b>Format:</b>	[X(50)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is optional.

Consumers referred to mental health services undergo a mental health assessment to evaluate their condition and need for care.

This data element is used to record information about the consumer's regular GP.

### Examples

	Regular GP First Name
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer's regular GP is Jane Smith.	Jane

### Related national definition

N/A

### Revision history

N/A

## Regular GP Phone Number Home

<b>Field name:</b>	gphomephone
<b>Source data element(s):</b>	[Regular GP Phone Number Home] – webPSOLIS
<b>Definition:</b>	Information detailing the consumer's regular GP.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	String
<b>Format:</b>	[X(32)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is optional.

Consumers referred to mental health services undergo a mental health assessment to evaluate their condition and need for care.

This data element is used to record information about the consumer's regular GP.

### Examples

	Regular GP Phone Number Home
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer's regular GP is Jane Smith.	08 1234 5678

### Related national definition

N/A

### Revision history

N/A

## Regular GP Phone Number Work

<b>Field name:</b>	gpworkphone
<b>Source data element(s):</b>	[Regular GP Phone Number Work] – webPSOLIS
<b>Definition:</b>	Information detailing the consumer's regular GP.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	String
<b>Format:</b>	[X(32)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is optional.

Consumers referred to mental health services undergo a mental health assessment to evaluate their condition and need for care.

This data element is used to record information about the consumer's regular GP.

### Examples

	Regular GP Phone Number Work
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer's regular GP is Jane Smith.	08 1234 5678

### Related national definition

N/A

### Revision history

N/A



## Regular GP Surname

<b>Field name:</b>	gpsurname
<b>Source data element(s):</b>	[Regular GP Surname] – webPSOLIS
<b>Definition:</b>	Information detailing the consumer's regular GP.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	String
<b>Format:</b>	[X(50)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is optional.

Consumers referred to mental health services undergo a mental health assessment to evaluate their condition and need for care.

This data element is used to record information about the consumer's regular GP.

### Examples

	Regular GP Surname
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer's regular GP is Jane Smith.	Smith

### Related national definition

N/A

### Revision history

N/A

## Responsible for Children

<b>Field name:</b>	childresponsibility
<b>Source data element(s):</b>	[Responsible for Children] – webPSOLIS
<b>Definition:</b>	A flag indicating whether the consumer is responsible for any children who are under 18 years of age.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

This data element is used to record whether the consumer is responsible for any children who are under 18 years of age.

### Examples

	Responsible for Children
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer is not responsible for any children.	0
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer looks after a son.	1

### Related national definition

N/A

### Revision history

N/A

## Rights Capacity

<b>Field name:</b>	rightscapacity
<b>Source data element(s):</b>	[Rights Capacity] – webPSOLIS
<b>Definition:</b>	A flag indicating whether the consumer has the capacity to understand their rights.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

This data element is used to record whether the consumer has the capacity to understand their rights.

### Examples

	Rights Capacity
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer has the capacity to understand their rights.	1
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer does not have the capacity to understand their rights.	0

### Related national definition

N/A

### Revision history

N/A

## Rights Explained

<b>Field name:</b>	rightsexplained
<b>Source data element(s):</b>	[Rights Explained] – webPSOLIS
<b>Definition:</b>	A flag indicating whether the consumer has had their rights explained to them.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

## Guide for use

Collection of this data element is mandatory.

This data element is used to record whether the consumer has had their rights explained to them by the clinician.

## Examples

	Rights Explained
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer has had their rights explained to them.	1
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer has not had their rights explained to them.	0

## Related national definition

N/A

## Revision history

N/A

## Rights Understood

<b>Field name:</b>	rightsunderstood
<b>Source data element(s):</b>	[Rights Understood] – webPSOLIS
<b>Definition:</b>	A flag indicating whether the consumer has understood their rights.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

This data element is used to record whether the consumer has understood their rights as explained to them by the clinician.

### Examples

	Rights Understood
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer has understood their rights.	1
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer has not understood their rights.	0

### Related national definition

N/A

### Revision history

N/A

## Significant Findings

<b>Field name:</b>	pessignificantfindings
<b>Source data element(s):</b>	[Significant Findings] – webPSOLIS
<b>Definition:</b>	Further information regarding the investigations undertaken.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	String
<b>Format:</b>	[X(4000)]
<b>Permitted values:</b>	Alphanumeric combination

## Guide for use

Collection of this data element is optional.

This data element is used to record any further information regarding the investigations undertaken during the consumer's mental health assessment.

## Examples

	Significant Findings
A consumer presents to a mental health clinic and a mental health assessment is completed.	Comments based on investigation results.

## Related national definition

N/A

## Revision history

N/A

## Social History

<b>Field name:</b>	socialhistory
<b>Source data element(s):</b>	[Social History] – webPSOLIS
<b>Definition:</b>	Information detailing the consumer’s social history.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	String
<b>Format:</b>	[X(4000)]
<b>Permitted values:</b>	Alphanumeric combination

## Guide for use

Collection of this data element is optional.

Consumers referred to mental health services undergo a mental health assessment to evaluate their condition and need for care.

This data element is used to record the consumer’s social circumstances, e.g.:

- Living situation, accommodation issues.
- Family and domestic violence, relationships, other supports.
- Social, educational, vocational functioning.
- Ability to undertake responsibilities, daily tasks.
- Financial issues, gambling.
- Note strengths and weaknesses, any rehabilitation needs.

## Examples

	Social History
A consumer presents to a mental health clinic and a mental health assessment is completed.	Currently living alone but experienced DV from former partner some years previously.

## Related national definition

N/A

## Revision history

N/A

## Sources of Information

<b>Field name:</b>	sourcesofinformation
<b>Source data element(s):</b>	[Sources of Information] – webPSOLIS
<b>Definition:</b>	The origins of any additional information obtained or used during the assessment.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	String
<b>Format:</b>	[X(4000)]
<b>Permitted values:</b>	Alphanumeric combination

## Guide for use

Collection of this data element is optional.

This data element is used to record any additional sources of information used during the assessment.

## Examples

	Sources of Information
A consumer is assessed by Albany Mental Health Service.	Interpreter used and corroborative history obtained from relative.
A consumer is assessed by the State Forensic Mental Health Service.	Old notes accessed and Department of Justice clinicians present at assessment.

## Related national definition

N/A

## Revision history

N/A



## Smoking Advice Given

<b>Field name:</b>	smokingbriefadvice
<b>Source data element(s):</b>	[Smoking Advice Given] – webPSOLIS
<b>Definition:</b>	A flag indicating whether advice regarding smoking has been provided to a consumer who smokes.
<b>Requirement status:</b>	Optional
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is optional.

This data element is used to record whether brief advice about smoking has been provided to a consumer who has indicated that they are a smoker.

### Examples

	Smoking Advice Given
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer is a smoker and brief advice is provided to them.	1
A consumer presents to a mental health clinic and a mental health assessment is completed. The consumer is a smoker and brief advice is not provided to them.	0

### Related national definition

N/A

### Revision history

N/A

## Speech

<b>Field name:</b>	msspeech
<b>Source data element(s):</b>	[Speech] – webPSOLIS
<b>Definition:</b>	Information detailing the speech characteristics of the consumer.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	String
<b>Format:</b>	X[X(3999)]
<b>Permitted values:</b>	Alphanumeric combination

## Guide for use

Collection of this data element is mandatory.

Consumers referred to mental health services undergo a mental health assessment to evaluate their condition and need for care.

This data element is used to record the general speech characteristics of the consumer, e.g. rate, flow and content.

## Examples

	Speech
A consumer presents to a mental health clinic and the mental state examination component of a mental health assessment is completed.	Responses based on clinical observation.

## Related national definition

N/A

## Revision history

N/A

## Syphilis

<b>Field name:</b>	pessyphilis
<b>Source data element(s):</b>	[Syphilis] – webPSOLIS
<b>Definition:</b>	A flag indicating whether a syphilis investigation has been performed.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

This data element is used to record whether a syphilis investigation has been performed as part of the physical examination.

### Examples

	Syphilis
A consumer presents to a mental health clinic and a mental health assessment is completed. A syphilis investigation has been performed.	1
A consumer presents to a mental health clinic and a mental health assessment is completed. A syphilis investigation has not been performed.	0

### Related national definition

N/A

### Revision history

N/A

## TFT

<b>Field name:</b>	pestft
<b>Source data element(s):</b>	[TFT] – webPSOLIS
<b>Definition:</b>	A flag indicating whether thyroid function test (TFT) investigation has been performed.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

This data element is used to record whether a thyroid function test (TFT) investigation has been performed as part of the physical examination.

### Examples

	TFT
A consumer presents to a mental health clinic and a mental health assessment is completed. A TFT investigation has been performed.	1
A consumer presents to a mental health clinic and a mental health assessment is completed. A TFT investigation has not been performed.	0

### Related national definition

N/A

### Revision history

N/A

## Thought Processes and Content

<b>Field name:</b>	msethoughtprocesses
<b>Source data element(s):</b>	[Thought Processes and Content] – webPSOLIS
<b>Definition:</b>	Information detailing the thought characteristics of the consumer.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	String
<b>Format:</b>	X[X(3999)]
<b>Permitted values:</b>	Alphanumeric combination

### Guide for use

Collection of this data element is mandatory.

Consumers referred to mental health services undergo a mental health assessment to evaluate their condition and need for care.

This data element is used to record the thought characteristics of the consumer, e.g. thought stream (amount or speed of thought), thought content (delusions), and thought form (amount of thought and its production).

### Examples

	Thought Processes and Content
A consumer presents to a mental health clinic and the mental state examination component of a mental health assessment is completed.	Responses based on clinical observation.

### Related national definition

N/A

### Revision history

N/A

## UEC

<b>Field name:</b>	pesuec
<b>Source data element(s):</b>	[UEC] – webPSOLIS
<b>Definition:</b>	A flag indicating whether a urea electrolytes and creatinine (UEC) investigation has been performed.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

This data element is used to record whether a urea electrolytes and creatinine (UEC) investigation has been performed as part of the physical examination.

### Examples

	UEC
A consumer presents to a mental health clinic and a mental health assessment is completed. A UEC investigation has been performed.	1
A consumer presents to a mental health clinic and a mental health assessment is completed. A UEC investigation has not been performed.	0

### Related national definition

N/A

### Revision history

N/A

## Urine MCS

<b>Field name:</b>	pesurinemcs
<b>Source data element(s):</b>	[Urine MCS] – webPSOLIS
<b>Definition:</b>	A flag indicating whether a urine microscopy, culture and sensitivity (MCS) investigation has been performed.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

This data element is used to record whether a urine microscopy, culture and sensitivity (MCS) investigation has been performed as part of the physical examination.

### Examples

	Urine MCS
A consumer presents to a mental health clinic and a mental health assessment is completed. A urine MCS investigation has been performed.	1
A consumer presents to a mental health clinic and a mental health assessment is completed. A urine MCS investigation has not been performed.	0

### Related national definition

N/A

### Revision history

N/A

## Valproate

<b>Field name:</b>	pesvalproate
<b>Source data element(s):</b>	[UEC] – webPSOLIS
<b>Definition:</b>	A flag indicating whether a valproate investigation has been performed.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

This data element is used to record whether a valproate investigation has been performed as part of the physical examination.

### Examples

	Valproate
A consumer presents to a mental health clinic and a mental health assessment is completed. A valproate investigation has been performed.	1
A consumer presents to a mental health clinic and a mental health assessment is completed. A valproate investigation has not been performed.	0

### Related national definition

N/A

### Revision history

N/A



## Vitamin D

<b>Field name:</b>	pesvitamind
<b>Source data element(s):</b>	[Vitamin D] – webPSOLIS
<b>Definition:</b>	A flag indicating whether a Vitamin D investigation has been performed.
<b>Requirement status:</b>	Mandatory
<b>Data type:</b>	Numeric
<b>Format:</b>	N
<b>Permitted values:</b>	0 – No 1 – Yes

### Guide for use

Collection of this data element is mandatory.

This data element is used to record whether a Vitamin D investigation has been performed as part of the physical examination.

### Examples

	Vitamin D
A consumer presents to a mental health clinic and a mental health assessment is completed. A Vitamin D investigation has been performed.	1
A consumer presents to a mental health clinic and a mental health assessment is completed. A Vitamin D investigation has not been performed.	0

### Related national definition

N/A

### Revision history

N/A

## Appendix A – Service event item codes

(Note: TBD = To be determined)

Code	Name	Start Date	End Date	Clinical	Service Contact
TBD	NDIS ASSESSMENT	TBD		1	Y
TBD	NDIS REPORT WRITING	TBD		1	N
TBD	NDIS LIAISON – OTHER	TBD		1	Y
1	ASSESSMENT	1/01/2002	8/12/2003	1	Y
2	ASSESSMENTS OUTCOME MEASURES	1/01/2002	8/12/2003	1	Y
3	CASE CONFERENCES	1/01/2002	8/12/2003	1	C
4	CLIENT ADVOCACY	1/01/2002	8/12/2003	1	Y
5	CLIENT ASSISTANCE	1/01/2002	8/12/2003	1	Y
6	CLIENT EDUCATION	1/01/2002	8/12/2003	1	Y
7	CLIENT ESCORT	1/01/2002	8/12/2003	1	Y
8	CLINICAL RECORD KEEPING	1/01/2002	8/12/2003	1	N
9	CLINICAL REVIEWS	1/01/2002	8/12/2003	1	N
10	CLINICAL SUPERVISION	1/01/2002	8/12/2003	1	N
11	LIAISON - CONSULTATION	1/01/2002	8/12/2003	1	Y
12	COUNSELLING	1/01/2002	8/12/2003	1	Y
13	CRISIS INTERVENTION	1/01/2002	8/12/2003	1	Y
14	CRITICAL INCIDENT STRESS DEBRIEFING (CISD)	1/01/2002	8/12/2003	1	Y
15	DIETETICS	1/01/2002	7/04/2003	1	C
16	DRUG & ALCOHOL REHAB/DETOX	1/01/2002	8/12/2003	1	Y
17	FAMILY MEETINGS	1/01/2002	8/12/2003	1	Y
18	FAMILY SUPPORT	1/01/2002	8/12/2003	1	Y
19	LIAISON - GP	1/01/2002	8/12/2003	1	Y
20	GROUP PREPARATION	1/01/2002	8/12/2003	0	N
21	HEALTH PROMOTION	1/01/2002	8/12/2003	0	N
22	DEPOT INJECTION	1/01/2002	8/12/2003	1	Y
23	INTAKE MEETING	1/01/2002	8/12/2003	1	N
24	LEGAL	1/01/2002	27/03/2003	1	C
25	LIAISON - OTHER	1/01/2002	8/12/2003	1	C
26	MEDICATION REVIEW	1/01/2002	8/12/2003	1	Y
27	MEETINGS	1/01/2002	8/12/2003	0	N
28	MENTAL STATE ASSESSMENT	1/01/2002	7/04/2003	1	Y
29	PHYSIOTHERAPY	1/01/2002	8/12/2003	1	Y
30	LIAISON - POLICE	1/01/2002	8/12/2003	1	C
31	PROFESSIONAL DEVELOPMENT	1/01/2002	8/12/2003	1	N
32	PSYCHIATRIC ASSESSMENT	1/01/2002	7/04/2003	1	Y
33	PSYCHOLOGY APS	1/01/2002	27/03/2003	1	Y
34	QUALITY ASSURANCE	1/01/2002	7/04/2003	0	N
35	REPORT WRITING	1/01/2002	8/12/2003	0	N
36	RESEARCH ACTIVITIES	1/01/2002	8/12/2003	0	N
37	RESUSCITATION	1/01/2002	8/12/2003	0	Y
38	RISK ASSESSMENT	1/01/2002	8/12/2003	0	Y
39	SERVICE MANAGEMENT	1/01/2002	8/12/2003	0	N
40	SOCIAL WORK (SCGH)	1/01/2002	27/03/2003	0	Y

Code	Name	Start Date	End Date	Clinical	Service Contact
41	STUDENT EDUCATION	1/01/2002	8/12/2003	0	N
42	RISK ASSESSMENT - SUICIDE	1/01/2002	8/12/2003	0	Y
43	THERAPY	1/01/2002	8/12/2003	0	Y
44	TRAVEL	1/01/2002	8/12/2003	0	N
45	WELFARE	1/01/2002	27/03/2003	0	C
46	CONSULTATION INITIAL	1/01/2002	27/03/2003	1	Y
47	WARD ROUND	1/01/2002	8/12/2003	1	N
48	CONSULTATION SUBSEQUENT	1/01/2002	27/03/2003	1	Y
49	STAFF DEVELOPMENT	1/01/2002	8/12/2003	1	C
50	ASSESSMENT	8/12/2003	30/06/2018	1	Y
51	ASSESSMENTS OUTCOME MEASURES	8/12/2003	30/06/2018	1	Y
52	CARER INTERVENTIONS - ADMITTED CLIENT	8/12/2003	30/06/2018	1	Y
53	CARER INTERVENTIONS - NON ADMITTED CLIENT	8/12/2003	30/06/2018	1	N
54	CASE CONFERENCES	8/12/2003	30/06/2018	1	Y
55	CLIENT ADVOCACY	8/12/2003	30/06/2018	1	Y
56	CLIENT ASSISTANCE	8/12/2003	30/06/2018	1	Y
57	CLIENT DID NOT ATTEND	8/12/2003		0	N
58	CLIENT EDUCATION & SKILLS TRAINING	8/12/2003	30/06/2018	1	Y
59	CLIENT ESCORT	8/12/2003		1	Y
60	CLINICAL RECORD KEEPING	8/12/2003	30/06/2018	1	N
61	CLINICAL REVIEWS	8/12/2003	30/06/2018	1	Y
62	CLINICAL SUPERVISION	8/12/2003	30/06/2018	1	N
63	COUNSELLING	8/12/2003	30/06/2018	1	Y
64	CRISIS INTERVENTION	8/12/2003	30/06/2018	1	Y
65	CRITICAL INCIDENT STRESS DEBRIEFING (CISD)	8/12/2003	30/06/2018	1	Y
66	DEPOT INJECTION	8/12/2003	30/06/2018	1	Y
67	DRUG & ALCOHOL REHAB/DETOX	8/12/2003		1	Y
68	FAMILY MEETINGS	8/12/2003	30/06/2018	1	Y
69	FAMILY SUPPORT	8/12/2003		1	Y
70	HEALTH PROMOTION/PREVENTION	8/12/2003	30/06/2018	0	N
71	INTAKE MEETING	8/12/2003	30/06/2018	1	N
72	LIAISON - CONSULTATION	8/12/2003	30/06/2018	1	Y
73	LIAISON - GP (CLIENT SPECIFIC)	8/12/2003	30/06/2018	1	Y
74	LIAISON - GP (NON-CLIENT SPECIFIC)	8/12/2003	30/06/2018	1	N
75	LIAISON - OTHER	8/12/2003	30/06/2018	1	Y
76	LIAISON - POLICE	8/12/2003	30/06/2018	1	Y
77	MEDICATION, ADMINISTERING	8/12/2003	30/06/2018	1	Y
78	MEDICATION REVIEW	8/12/2003	30/06/2018	1	Y
79	MEETINGS	8/12/2003	30/06/2018	0	N
80	PHYSIOTHERAPY	8/12/2003	30/06/2018	1	Y
81	PROFESSIONAL DEVELOPMENT	8/12/2003	30/06/2018	1	N
82	REPORT WRITING	8/12/2003	30/06/2018	1	N
83	RESEARCH ACTIVITIES	8/12/2003	30/06/2018	0	N

Code	Name	Start Date	End Date	Clinical	Service Contact
84	RESUSCITATION	8/12/2003	30/06/2018	1	Y
85	SERVICE MANAGEMENT	8/12/2003	30/06/2018	0	N
86	SESSION PREPARATION	8/12/2003	30/06/2018	0	N
87	STAFF DEVELOPMENT	8/12/2003	30/06/2018	0	N
88	STUDENT EDUCATION	8/12/2003	30/06/2018	0	N
89	THERAPY	8/12/2003		1	Y
90	TRAVEL (STAFF)	8/12/2003	30/06/2018	0	N
91	WARD ROUND - INPATIENT	8/12/2003	30/06/2018	1	N
92	EXTERNAL TRAINING	23/06/2009	30/06/2018	1	N
93	SCHOOL EDUCATION	23/06/2009	30/06/2018	1	N
94	TRAINING PREPARATION	23/06/2009	30/06/2018	1	N
95	ASSESSMENTS NON-NOCC MEASURES	4/05/2010	30/06/2018	1	Y
96	NOCC CLEARANCE	29/06/2010		1	N
97	ABORIGINAL CULTURAL INPUT	13/07/2010	30/06/2018	1	C
98	ABORIGINAL TRADITIONAL MEDICINE	13/07/2010	30/06/2018	1	C
99	ABORIGINAL HEALER	13/07/2010	30/06/2018	1	C
100	ASSESSMENT BASELINE	2/08/2011	30/06/2018	1	Y
101	ASSESSMENT MID-TREATMENT	2/08/2011	30/06/2018	1	Y
102	ASSESSMENT FINAL	2/08/2011	30/06/2018	1	Y
103	RTMS-EEG	2/08/2011	30/06/2018	1	Y
104	RTMS TREATMENT	2/08/2011	30/06/2018	1	Y
105	ASSESSMENT INITIAL	13/09/2011	30/06/2018	1	Y
106	EMERGENCY CONSULTATION	1/01/2012	30/06/2018	1	Y
107	APPOINTMENT CANCELLED	1/01/2012	30/06/2018	1	N
108	EC APPOINTMENT CANCELLED	1/01/2012	30/06/2018	1	N
109	EC DID NOT ATTEND	1/01/2012	30/06/2018	1	N
110	COURT ATTENDANCE	1/01/2012	30/06/2018	1	Y
111	COURT PREPARATION	1/01/2012	30/06/2018	1	N
112	CIC REPORT	1/01/2012	30/06/2018	1	Y
113	POLICE REPORT	1/01/2012	30/06/2018	1	Y
114	SPECIMEN HANDOVER	1/01/2012	30/06/2018	1	N
115	SPECIMEN DESTRUCTION	1/01/2012	30/06/2018	1	N
116	RESULTS	1/01/2012	30/06/2018	1	Y
117	MANDATORY REPORT - CHILD PROTECTION	1/01/2012	30/06/2018	1	Y
118	NON-MANDATORY REPORT - CHILD PROTECTION	1/01/2012	30/06/2018	1	Y
119	HANDOVER (OOS)	1/01/2012	1/07/2017	1	Y
120	MEDICAL FOLLOW UP	1/01/2012		1	Y
121	CLIENT CONTACT - OTHER (OOS)	1/01/2012	1/07/2017	1	Y
122	RESTRUCTURE	1/01/2012	1/12/2012	1	N
123	POST DISCHARGE FOLLOW-UP	30/06/2017	30/06/2018	1	C
124	HANDOVER	1/07/2017	30/06/2018	1	N
125	CLIENT CONTACT - OTHER	1/07/2017	30/06/2018	1	N
126	ASSESSMENT	1/07/2018		1	Y
127	ASSESSMENTS OUTCOME MEASURES	1/07/2018		1	C

Code	Name	Start Date	End Date	Clinical	Service Contact
128	CARER INTERVENTION - REFERRED/ACTIVE CLIENT	1/07/2018		1	Y
129	CARER INTERVENTION - NON-REFERRED/NON ACTIVE CLIENT	1/07/2018		1	N
130	CASE CONFERENCES	1/07/2018		1	Y
131	CLIENT ADVOCACY	1/07/2018		1	Y
132	CLIENT ASSISTANCE	1/07/2018		1	Y
133	CLIENT EDUCATION & SKILLS TRAINING	1/07/2018		1	Y
134	CLINICAL RECORD KEEPING	1/07/2018		1	N
135	CLINICAL REVIEWS	1/07/2018		1	Y
136	CLINICAL SUPERVISION	1/07/2018		1	N
137	COUNSELLING	1/07/2018		1	Y
138	CRISIS INTERVENTION	1/07/2018		1	Y
139	DEPOT INJECTION	1/07/2018		1	Y
140	FAMILY MEETINGS	1/07/2018		1	Y
141	HEALTH EDUCATION/PREVENTION	1/07/2018		0	N
142	INTAKE MEETING	1/07/2018		1	Y
143	LIAISON - OTHER	1/07/2018		1	Y
144	LIAISON - POLICE	1/07/2018		1	Y
145	MEDICATION, ADMINISTERING	1/07/2018		1	Y
146	MEDICATION REVIEW	1/07/2018		1	Y
147	MEETINGS	1/07/2018		0	N
148	PROFESSIONAL DEVELOPMENT	1/07/2018		1	N
149	REPORT WRITING	1/07/2018		1	N
150	RESEARCH ACTIVITIES	1/07/2018		0	N
151	SERVICE MANAGEMENT	1/07/2018		0	N
152	SESSION PREPARATION	1/07/2018		0	N
153	STAFF DEVELOPMENT	1/07/2018		0	N
154	STUDENT EDUCATION	1/07/2018		0	N
155	TRAVEL (STAFF)	1/07/2018		0	N
156	EXTERNAL TRAINING	1/07/2018		1	N
157	TRAINING PREPARATION	1/07/2018		1	N
158	ASSESSMENTS NON-NOCC MEASURES	1/07/2018		1	C
159	ABORIGINAL CULTURAL INPUT	1/07/2018		1	Y
160	ABORIGINAL TRADITIONAL MEDICINE	1/07/2018		1	Y
161	ABORIGINAL TRADITIONAL HEALER	1/07/2018		1	Y
162	ASSESSMENT - INITIAL	1/07/2018		1	Y
163	POST DISCHARGE FOLLOW-UP	1/07/2018		1	C
164	HANDOVER	1/07/2018	30/01/2019	1	N
165	CLIENT CONTACT - OTHER	1/07/2018		1	N
166	APPOINTMENT CANCELLED-BY CLIENT	1/07/2018		1	N
167	APPOINTMENT CANCELLED-BY CLIENT<24HRS	1/07/2018		1	N
168	APPOINTMENT CANCELLED-BY SERVICE	1/07/2018		1	N

Code	Name	Start Date	End Date	Clinical	Service Contact
169	LIAISON - GP	1/07/2018		1	Y
170	RTMS	1/07/2018		1	Y
171	HANDOVER	31/01/2019		1	Y

## Appendix B – Stream codes

Code	Name	Start Date	Stream Type	Organisation ID
1	ALBANY CAMHS	1/01/2002	1	226
2	ALBANY ADULT	1/01/2002	2	226
3	ALBANY ELDERLY	1/01/2002	3	226
4	FREMANTLE CAMHS	1/01/2002	1	103
5	FREMANTLE ADULT	1/01/2002	2	103
6	FREMANTLE ELDERLY	1/01/2002	3	103
7	JHC ADULT	1/06/2014	2	143
8	ARMADALE CAMHS	1/01/2002	1	101
9	ARMADALE ADULT	1/01/2002	2	101
10	ARMADALE OLDER ADULT	1/01/2002	3	101
11	BROOME CAMHS	1/01/2002	1	214
12	BROOME ADULT	1/01/2002	2	214
13	BROOME ELDERLY	1/01/2002	3	214
14	CARNARVON CAMHS	1/01/2002	1	229
15	CARNARVON ADULT	1/01/2002	2	229
16	CARNARVON OLDER ADULT	1/01/2002	3	229
17	DERBY CAMHS	1/01/2002	1	215
18	DERBY ADULT	1/01/2002	2	215
19	DERBY ELDERLY	1/01/2002	3	215
26	INNER CITY CAMHS	1/01/2002	1	106
27	LOWER WEST ADULT	1/01/2002	2	106
28	INNER CITY ELDERLY	1/01/2002	3	106
30	KARRATHA CAMHS	1/01/2002	1	218
31	KARRATHA ADULT	1/01/2002	2	218
32	KARRATHA ELDERLY	1/01/2002	3	218
33	KATANNING CAMHS	1/01/2002	1	228
34	KATANNING ADULT	1/01/2002	2	228
35	KATANNING ELDERLY	1/01/2002	3	228
40	KUNUNURRA CAMHS	1/01/2002	1	216
41	KUNUNURRA ADULT	1/01/2002	2	216
42	KUNUNURRA ELDERLY	1/01/2002	3	216
44	BENTLEY CAMHS	1/01/2002	1	102
45	BENTLEY ADULT	1/01/2002	2	100
46	BENTLEY OLDER ADULT	1/01/2002	3	100
47	NARROGIN CAMHS	1/01/2002	1	227
48	NARROGIN ADULT	1/01/2002	2	227
49	NARROGIN ELDERLY	1/01/2002	3	227
50	CAHS-CAMHS	1/12/2012	1	139
51	YOUTH MH SERVICES ADULT	1/12/2012	2	140
52	YOUTH MH SERVICES CAMHS	1/12/2012	1	140
53	NM INDIVIDUALISED COMMUNITY LIVING STRATEGY ADULT	1/03/2012	2	141
54	FSH CAMHS	1/07/2014	1	142

Code	Name	Start Date	Stream Type	Organisation ID
55	FSH ADULT	1/07/2014	2	142
56	FSH OLDER ADULT	1/07/2014	3	142
57	PCH CAMHS INPATIENT	8/06/2018	1	139
62	HEDLAND CAMHS	1/01/2002	1	217
63	HEDLAND ADULT	1/01/2002	2	217
64	HEDLAND ELDERLY	1/01/2002	3	217
66	GRAYLANDS ELDERLY	1/01/2002	3	104
67	BUNBURY CAMHS	1/01/2002	1	223
68	BUNBURY ADULT	1/01/2002	2	223
69	BUNBURY ELDERLY	1/01/2002	3	223
76	WARREN BLACKWOOD CAMHS	1/01/2002	1	224
77	WARREN BLACKWOOD ADULT	1/01/2002	2	224
78	WARREN BLACKWOOD ELDERLY	1/01/2002	3	224
82	SWAN CAMHS	1/01/2002	1	110
83	MIDLAND ADULT COMMUNITY	1/01/2002	2	100
84	MIDLAND OLDER ADULT COMMUNITY	1/01/2002	3	100
85	NEWMAN CAMHS	1/01/2002	1	219
86	NEWMAN ADULT	1/01/2002	2	219
87	NEWMAN AND TOM PRICE ELDERLY	1/01/2002	3	219
88	KALGOORLIE BOULDER CAMHS	1/01/2002	1	207
89	KALGOORLIE BOULDER ADULT	1/01/2002	2	207
90	KALGOORLIE BOULDER ELDERLY	1/01/2002	3	207
92	MEEKATHARRA CAMHS	1/01/2002	1	222
93	MEEKATHARRA ADULT	1/01/2002	2	222
94	MEEKATHARRA OLDER ADULT	1/01/2002	3	222
95	GRAYLANDS ADULT	1/01/2002	2	104
96	PMH/KEMH CAMHS	1/01/2002	1	107
97	ROCKINGHAM AND KWINANA SENIORS	1/01/2002	3	111
101	FORENSIC SERVICES ADULT	1/01/2002	2	116
103	KEMH ADULT	1/01/2002	2	136
106	EXMOUTH CAMHS	1/01/2002	1	229
107	EXMOUTH ADULT	1/01/2002	2	229
108	EXMOUTH OLDER ADULT	1/01/2002	3	229
112	SCGH MENTAL HEALTH SERVICE ADULT	1/01/2002	2	108
113	NORTH METRO OSBORNE CAMHS	1/01/2002	1	112
114	NORTH METRO STIRLING ADULT	1/01/2002	2	112
115	NORTH METRO OSBORNE ELDERLY	1/01/2002	3	112
116	NORTH METRO JOONDALUP/CLARKSON CAMHS	1/01/2002	1	113
117	NORTH METRO WANNEROO ADULT	1/01/2002	2	113
118	NORTH METRO WANNEROO OLDER ADULT	1/01/2002	3	113
119	NORTH METRO SUBIACO CAMHS	1/01/2002	1	105
120	NORTH METRO SUBIACO ADULT	1/01/2002	2	105
121	NORTH METRO SUBIACO ELDERLY	1/01/2002	3	105



Code	Name	Start Date	Stream Type	Organisation ID
124	GRAYLANDS CAMHS	1/01/2002	1	104
129	ROCKINGHAM AND KWINANA ADULT	1/01/2002	2	111
130	ROCKINGHAM AND KWINANA CAMHS	1/01/2002	1	111
131	PMH/KEMH ELDERLY	1/01/2002	3	107
132	SIR CHARLES GAIRDNER CAMHS	1/01/2002	1	108
133	SCGH MENTAL HEALTH SERVICE ELDERLY	1/01/2002	3	108
134	WHEATBELT CAMHS	1/01/2002	1	205
135	WHEATBELT ADULT	1/01/2002	2	205
136	WHEATBELT ELDERLY	1/01/2002	3	205
137	GERALDTON CAMHS	1/01/2002	1	204
138	GERALDTON ADULT	1/01/2002	2	204
139	GERALDTON OLDER ADULT	1/01/2002	3	204
140	ESPERANCE CAMHS	1/01/2002	1	206
141	ESPERANCE ADULT	1/01/2002	2	206
142	ESPERANCE ELDERLY	1/01/2002	3	206
143	BUSSELTON CAMHS	1/01/2002	1	212
144	BUSSELTON ADULT	1/01/2002	2	212
145	BUSSELTON ELDERLY	1/01/2002	3	212
146	SARC	1/01/2002	2	114
147	EAST WHEATBELT CAMHS	1/01/2002	1	230
148	EAST WHEATBELT ADULT	1/01/2002	2	230
149	EAST WHEATBELT ELDERLY	1/01/2002	3	230
150	YOUTHLINK ADULT	1/01/2002	2	117
151	PET	1/01/2002	2	115
152	FORENSIC SERVICES YOUTH	13/08/2003	1	116
153	NMHS LOWER WEST OLDER ADULT	1/01/2003	3	109
154	GHS JSDU ADULT	1/01/2002	2	118
155	GHS JSDU CAMHS	1/01/2002	1	118
156	GHS JSDU ELDERLY	1/01/2002	3	118
157	GHS CCI ADULT	1/01/2002	2	119
158	GHS CREATIVE EXPRESSION CENTRE FOR ARTS THERAPY ADULT	1/01/2002	2	120
159	GHS CREATIVE EXPRESSION CENTRE FOR ARTS THERAPY CAMHS	1/01/2002	1	120
160	GHS NEUROSCIENCES ADULT	1/01/2002	2	121
161	GHS NEUROSCIENCES CAMHS	1/01/2002	1	121
162	YOUTHLINK CAMHS	5/02/2004	1	117
163	GHS NEUROSCIENCES ELDERLY	1/01/2004	3	121
164	PEEL ADULT	1/01/2004	2	122
165	PEEL CAMHS	1/01/2004	1	122
166	PEEL SENIORS	1/01/2004	3	122
167	MENTAL HEALTH ADMIN STREAM	1/01/2002	2	199
168	NORTH METROPOLITAN CAMHS	1/07/2005	1	123
169	MULTI SYSTEMIC THERAPY CAMHS	1/08/2005	1	124
170	YOUTH REACH SOUTH CAMHS	28/11/2005	1	125

Code	Name	Start Date	Stream Type	Organisation ID
171	YOUTH REACH SOUTH ADULT	28/11/2005	2	125
172	GHS CCI CAMHS	1/05/2006	1	119
173	NORTH CERT CAMHS	1/07/2006	1	127
174	NORTH CERT ADULT	1/07/2006	2	127
175	NORTH CERT ELDERLY	1/07/2006	3	127
176	SOUTH CATT CAMHS	1/07/2006	1	126
177	SOUTH CATT ADULT	1/07/2006	2	126
178	SOUTH CATT ELDERLY	1/07/2006	3	126
179	MHERL ADULT	12/09/2006	2	100
180	HAWTHORN HOUSE ADULT	16/10/2006	2	129
181	NORTH METRO CLINICAL ACCOMMODATION SUPPORT SERVICE	1/11/2007	2	130
182	CLIENT RECORD SEARCH STREAM	12/02/2008	2	46708
183	NMHS HOSPITAL IN THE HOME	1/11/2007	2	131
184	NORTH METRO MIRRABOOKA ADULT	1/07/2008	2	132
185	RPH ADULT	1/07/2008	2	100
186	RPH OLDER ADULT	1/07/2008	3	100
187	WUNGEN KARTUP ABORIGINAL MENTAL HEALTH SERVICE ADULT	1/04/2010	2	100
188	SPECIALISED ABORIGINAL MENTAL HEALTH SERVICE CAMHS	1/04/2010	1	100
189	SPECIALISED ABORIGINAL MENTAL HEALTH SERVICE OLDER ADULT	1/04/2010	3	100
190	SMAHS - MH ADULT	1/05/2010	2	135
191	SMAHS - MH CAMHS	1/05/2010	1	135
192	SMAHS - MH ELDERLY	1/05/2010	3	135
193	SOUTH WEST MHS ADULT	1/07/2010	2	231
194	SOUTH WEST MHS CAMHS	1/07/2010	1	231
195	SOUTH WEST MHS ELDERLY	1/07/2010	3	231
196	FITZROY CROSSING CAMHS	1/08/2010	1	232
197	FITZROY CROSSING ADULT	1/08/2010	2	232
198	FITZROY CROSSING ELDERLY	1/08/2010	3	232
200	NORTH METROPOLITAN ELDERLY THERAPY SERVICES	1/03/2012	3	137
201	HALLS CREEK ADULT	1/08/2012	2	234
202	HALLS CREEK ELDERLY	1/08/2012	3	234
203	HALLS CREEK CAMHS	1/08/2012	1	234
204	MOBILE CLINICAL OUTREACH TEAM (MCOT) ADULT	1/07/2012	2	100
205	MARGARET RIVER CAMHS	1/07/2014	1	212
206	MARGARET RIVER ADULT	1/07/2014	2	212
207	MARGARET RIVER ELDERLY	1/07/2014	3	212
216	RTMS ADULT	1/07/2011	2	233
236	SARC PRISON	30/10/2012	2	114
237	SARC OUTREACH	30/10/2012	2	114
238	FORENSIC CAMHS	1/03/2013	1	116
239	ALBANY YOUTH	14/04/2015	2	226

Code	Name	Start Date	Stream Type	Organisation ID
240	KATANNING YOUTH	14/04/2015	2	228
241	NARROGIN YOUTH	14/04/2015	2	227
242	SJOG MIDLAND ADULT MH	23/11/2015	2	235
243	SJOG MIDLAND OLDER ADULT MH	23/11/2015	3	235
244	WAEDOCS CAMHS	18/01/2016	1	236
245	WAEDOCS ADULT	18/01/2016	2	236
246	WAEDOCS OLDER ADULT	18/01/2016	3	236
247	CITY EAST ADULT	30/06/2016	2	100
248	CITY EAST OLDER ADULT	30/06/2016	3	100
249	FREMANTLE COMMUNITY RESIDENTIAL	30/09/2016	2	103
250	KARRATHA YOUTH	1/01/2017	2	218
251	HEDLAND YOUTH	1/01/2017	2	217
252	SOUTH WEST MHS YOUTH	1/01/2017	2	231
253	KEMH CAMHS	1/03/2017	1	136
254	NEWMAN YOUTH	1/01/2017	2	219
255	BENTLEY YOUTH	29/01/2018	2	100
256	BUSSELTON YOUTH	1/04/2018	2	212
257	SPEAK UP ADULT	27/08/2013	2	136
258	MIA REVIEW BOARD	1/04/2016	2	237
259	OFFICE OF THE CHIEF PSYCHIATRIST	1/04/2016	2	238
260	MENTAL HEALTH ADVOCACY SERVICE	1/04/2016	2	239
261	MENTAL HEALTH TRIBUNAL	1/04/2016	2	240
262	WHEATBELT YOUTH	1/10/2018	2	205
263	BROOME YOUTH	1/11/2019	2	214
264	BUNBURY YOUTH	1/11/2019	2	223
265	CARNARVON YOUTH	1/11/2019	2	229
266	DERBY YOUTH	1/11/2019	2	215
267	ESPERANCE YOUTH	1/11/2019	2	206
268	EXMOUTH YOUTH	1/11/2019	2	229
269	FITZROY CROSSING YOUTH	1/11/2019	2	232
270	GERALDTON YOUTH	1/11/2019	2	204
271	HALLS CREEK YOUTH	1/11/2019	2	234
272	KALGOORLIE BOULDER YOUTH	1/11/2019	2	207
273	KUNUNURRA YOUTH	1/11/2019	2	216
274	MARGARET RIVER YOUTH	1/11/2019	2	212
275	MEEKATHARRA YOUTH	1/11/2019	2	222
276	WARREN BLACKWOOD YOUTH	1/11/2019	2	224
277	DEPARTMENT OF HEALTH	16/12/2019	2	241
278	WACHS MH ETS ADULT	1/07/2020	2	242
279	NMHS ACTIVE RECOVERY TEAM	6/04/2021	2	243

## Appendix C – Triage problem codes

Code	Name	Start Date
1	RELATIONSHIP/FAMILY PROBLEM	1/01/2002
2	SOCIAL INTERPERSONAL (OTHER THAN FAMILY PROBLEM)	1/01/2002
3	PROBLEMS COPING WITH DAILY ROLES AND ACTIVITIES	1/01/2002
4	SCHOOL PROBLEMS	1/01/2002
5	PHYSICAL PROBLEMS	1/01/2002
6	EXISTING MENTAL ILLNESS - EXACERBATION	1/01/2002
7	EXISTING MENTAL ILLNESS - CONTACT/INFORMATION ONLY	1/01/2002
8	EXISTING MENTAL ILLNESS - ALTERATION IN MEDICATION/TREATMENT REGIME	1/01/2002
9	DEPRESSED MOOD	1/01/2002
10	GRIEF/LOSS ISSUES	1/01/2002
11	ANXIOUS	1/01/2002
12	ELEVATED MOOD AND/OR DISINHIBITED BEHAVIOUR	1/01/2002
13	PSYCHOTIC SYMPTOMS	1/01/2002
14	DISTURBED THOUGHTS, DELUSIONS ETC	1/01/2002
15	PERCEPTUAL DISTURBANCES	1/01/2002
16	PROBLEMATIC BEHAVIOUR	1/01/2002
17	DEMENTIA RELATED BEHAVIOURS	1/01/2002
18	RISK OF HARM TO SELF	1/01/2002
19	RISK OF HARM TO OTHERS	1/01/2002
20	ALCOHOL/DRUGS	1/01/2002
21	AGGRESSIVE/THREATENING BEHAVIOUR	1/01/2002
22	LEGAL PROBLEMS	1/01/2002
23	EATING DISORDER	1/01/2002
24	SEXUAL ASSAULT	1/01/2002
25	SEXUAL ABUSE	1/01/2002
26	ASSAULT VICTIM	1/01/2002
27	HOMELESSNESS	1/01/2002
28	ACCOMMODATION PROBLEMS	1/01/2002
29	INFORMATION ONLY	1/01/2002
30	OTHER	1/01/2002
31	MOOD DISTURBANCE	9/06/2009
32	ADVERSE DRUG REACTION	9/06/2009
33	MEDICATION	9/06/2009
34	DEPOT INJECTION	9/06/2009
35	DELIBERATE SELF HARM	8/09/2009
36	SUICIDAL IDEATION	8/09/2009
37	RISK OF HARM FROM OTHERS	30/10/2012
38	SEXUAL ASSAULT/ABUSE - PAST	30/10/2012
39	SEXUAL ASSAULT - RECENT	30/10/2012
40	FAMILY AND DOMESTIC VIOLENCE	30/10/2012
41	CULTURAL ISSUES	8/05/2014

## Appendix D – Legal orders

Code	Name
1	1A REFERRAL FOR EXAMINATION BY PSYCHIATRIST
2	1A INFORMATION PROVIDED BY ANOTHER PERSON IN CONFIDENCE
3	1A REVOCATION OF REFERRAL FOR EXAMINATION BY PSYCHIATRIST
4	1B VARIATION OF REFERRAL
5	2 ORDER TO DETAIN VOLUNTARY INPATIENT IN AUTHORISED HOSPITAL FOR ASSESSMENT
6	2 REVOCATION OF ORDER TO DETAIN VOLUNTARY INPATIENT IN AUTHORISED HOSPITAL FOR ASSESSMENT
7	3A DETENTION ORDER
8	3B CONTINUATION OF DETENTION RECEIVED OUTSIDE METROPOLITAN AREA
9	3B CONTINUATION OF DETENTION FOR INPATIENT TREATMENT ORDER TO GENERAL HOSPITAL
10	3B CONTINUATION OF DETENTION TO BE TAKEN TO AUTHORISED HOSPITAL
11	3B CONTINUATION OF DETENTION
12	3C CONTINUATION OF DETENTION TO ENABLE A FURTHER EXAMINATION BY PSYCHIATRIST
13	3D ORDER AUTHORIZING RECEPTION AND DETENTION IN AN AUTHORISED HOSPITAL FOR FURTHER EXAMINATION
14	3E ORDER THAT A PERSON CANNOT CONTINUE TO BE DETAINED
15	4A REVOCATION OF TRANSPORT ORDER
16	4A TRANSPORT ORDER
17	4B EXTENSION OF TRANSPORT ORDER
18	4C TRANSFER ORDER
19	5A COMMUNITY TREATMENT ORDER
20	5A CONFIRMATION OF COMMUNITY TREATMENT ORDER
21	5A REVOCATION OF COMMUNITY TREATMENT ORDER
22	5B CONTINUATION OF COMMUNITY TREATMENT ORDER
23	5C VARIATION OF TERMS OF COMMUNITY TREATMENT ORDER
24	5D REQUEST BY SUPERVISING PSYCHIATRIST FOR PRACTITIONER TO CONDUCT MONTHLY EXAMINATION OF A PATIENT
25	5E NOTICE OF BREACH OF CTO
26	5F ORDER TO ATTEND
27	6A INPATIENT TREATMENT ORDER IN AUTHORISED HOSPITAL
28	6A REVOCATION OF INPATIENT TREATMENT ORDER IN AUTHORISED HOSPITAL
29	6B INPATIENT TREATMENT ORDER IN GENERAL HOSPITAL: REPORT TO CHIEF PSYCHIATRIST
30	6B INPATIENT TREATMENT ORDER IN GENERAL HOSPITAL
31	6B REVOCATION OF INPATIENT TREATMENT ORDER IN GENERAL HOSPITAL
32	6C CONTINUATION OF INPATIENT TREATMENT ORDER
33	6D CONFIRMATION OF INPATIENT TREATMENT ORDER
34	7A GRANT OF LEAVE TO INVOLUNTARY INPATIENT
35	7B EXTENSION AND/OR VARIATION OF GRANT OF LEAVE
36	7C CANCELLATION OF LEAVE
37	7D APPREHENSION AND RETURN ORDER
38	7D REVOCATION OF APPREHENSION AND RETURN ORDER

Code	Name
39	9A RECORD OF EMERGENCY PSYCHIATRIC TREATMENT
40	9B REPORT ON URGENT NON-PSYCHIATRIC TREATMENT
41	12B REFUSAL OF REQUEST TO ACCESS DOCUMENT
42	12C RESTRICTION OF FREEDOM OF COMMUNICATION
43	ABSENT WITHOUT LEAVE
44	CLMIAA DISCHARGE
45	CLMIAA ORDER
46	DETAINED ON LEAVE
47	DETENTION EXPIRED
48	DISCHARGED FROM HOSPITAL
49	FURTHER OPINION
50	FURTHER OPINION DID NOT OCCUR
51	INVOLUNTARY ORDER EXPIRED
52	RECORD OF DEATH
53	REFERRAL EXPIRED
54	REFERRAL NOT REQUIRED
55	REQUEST FOR FURTHER OPINION
56	RETURN FROM LEAVE
57	RETURNED TO CARE
58	TRANSFER CANCELLATION
59	TRIBUNAL / COURT TERMS
60	TRIBUNAL / COURT TERMS LIFTED
61	VOLUNTARY ADMISSION

## Appendix E – 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>Removed 'Rules' and 'QA / Validations' sections from each data element.</p> <p>Added new Triage, RAMP and CRAMP sections and data elements.</p> <p>Updated 'Guide for Use' text under 'Sex' data element.</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 (Section 15)</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            Phase End Date</p> <p>Changed IHPA references to IHACPA and updated website links.</p>

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Purchasing and System Performance Division  
The Department of Health Western Australia

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