Mental Health Data Collection
Data Specifications

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Contact:	Information and Performance Governance
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Links to:	Information Management Policy Framework https://ww2.health.wa.gov.au/About-us/Policy-frameworks/Information-Management

Contents

Abbreviations

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

1. Purpose

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

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

These data specifications are to be read in conjunction with this policy and other related documents and supporting information as follows:

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

2. Background

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

3. Contact details requirements

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

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

4. Submission of data

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

5. Data submission schedule

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

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

6. Data element listing

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

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

7. Data quality and validation correction process

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

- relevance
- accuracy
- timeliness
- coherence
- interpretability.

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

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

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

Some examples of data quality validations may include:

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

For the full list of current MHDC data quality validations, refer to the MIND Data Validation Manual.

8. Glossary

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

Term	Definition
Contracted Health Entity	As per section 6 of the *Health Services Act 2016*, a non-government entity that provides health services under a contract or other agreement entered into with the Department Chief Executive Officer on behalf of the State, a Health Service Provider or the Minister
Custodian	A custodian manages the day-to-day operations of the information asset(s), and implements policy on behalf of the Steward and Sponsor.
Data Collection	Refer to Information Asset
Data Specifications	Data Specifications mandate the list of data elements, format and submission schedule for each information asset.
Health Service Provider	As per section 6 of the *Health Services Act 2016*, a Health Service Provider established by an order made under section 32(1)(b)
Information asset	A collection of information that is recognised as having value for the purpose of enabling the WA health system to perform its clinical and business functions, which include supporting processes, information flows, reporting and analytics.
Information Management Policy Framework	The Information Management Policy Framework specifies the information management requirements that all Health Service Providers must comply with in order to ensure effective and consistent management of health, personal and business information across the WA health system.
Patient Activity Data Business Rules	Patient Activity Data Business Rules mandate the rules, scope and criteria to be used when recording health service patient activity data and reporting to the Department of Health.
WA health system	Pursuant to section 19(1) of the *Health Services Act 2016*, means the Department of Health, Health Service Providers, and to the extent that Contracted Health Entities provide health services to the State, the Contracted Health Entities.

9. References

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

[Australian Mental Health Care Classification Version 1.0](#)

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

[Mental Health Care Data Set Specification](#)

[Mental Health Phase of Care Guide](#)

[National Outcomes Casemix Collection Technical Specifications](#)

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

Appendix A – Contact details form

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

Mental Health Data Collection
Data Provider Contact Details Form

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

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

Date   Click or tap here to enter text.

ICT Technical Contact

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

Name   Click or tap here to enter text.

Position   Click or tap here to enter text.

Organisation   Click or tap here to enter text.

Email   Click or tap here to enter text.

Phone   Click or tap here to enter text.

Information Management Contact

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

Name   Click or tap here to enter text.

Position   Click or tap here to enter text.

Organisation   Click or tap here to enter text.

Email   Click or tap here to enter text.

Phone   Click or tap here to enter text.

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

Appendix B – Client demographics

Label	Data Type	Format	Requirement	Permitted Values
Aboriginal Status	Numeric	N	Mandatory	1 – Aboriginal but not Torres Strait Islander origin 2 – Torres Strait Islander but not Aboriginal origin 3 – Both Aboriginal and Torres Strait Islander origin 4 – Neither Aboriginal nor Torres Strait Islander origin 9 – Not stated/inadequately described
Age of Client	Numeric	N[NN]	N/A	Whole number from 0 to 130
Age on Activation	Numeric	N[NN]	N/A	Whole number from 0 to 130
Age on Alert	Numeric	N[NN]	N/A	Whole number from 0 to 130
Age on Contact	Numeric	N[NN]	N/A	Whole number from 0 to 130
Age on Incident	Numeric	N[NN]	N/A	Whole number from 0 to 130
Age on Referral	Numeric	N[NN]	N/A	Whole number from 0 to 130
Arrival Year	Datetime	YYYY	Conditional	Valid year greater than 1900
Australian Postcode	Numeric	NNNN	Mandatory	Valid Australian postcode
Australian State or Country of Birth	Numeric	NNNN	Mandatory	As per the Standard Australian Classification of Countries 2016 (SACC 2016)
Client Identifier	Numeric	NNNNNNNNNN	Mandatory	Unique numeric identifier
Country of Residence	Numeric	NNNN	Mandatory	As per the Standard Australian Classification of Countries 2016 (SACC 2016)
Date of Birth	Datetime	DDMMYYYY	Mandatory	Valid date
Date of Birth Indicator	Numeric	N	Conditional	0 – No 1 – Yes

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

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

Appendix C – Inpatient services

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

Planned Admission Date and Time	Datetime	YYYY-MM-DD HH:MM:SS	Optional	Valid date and time
Planned Discharge Date and Time	Datetime	YYYY-MM-DD HH:MM:SS	Optional	Valid date and time
Reception Date and Time	Datetime	YYYY-MM-DD HH:MM:SS	Optional	Valid date and time
Visit End Date and Time	Datetime	YYYY-MM-DD HH:MM:SS	Conditional	Valid date and time
Visit Number	Numeric	N(20)	Conditional	Unique numeric identifier
Visit Start Date and Time	Datetime	YYYY-MM-DD HH:MM:SS	Conditional	Valid date and time
Ward on Admission	String	X[X(59)]	Conditional	Valid ward name descriptor
Ward on Discharge	String	X[X(59)]	Conditional	Valid ward name descriptor

Appendix D – Referrals

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

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

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

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

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

Appendix E – Alerts

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

Appendix F – Incidents

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

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

Appendix G – Community mental health and service contacts

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

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

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

Label	Data Type	Format	Requirement	Permitted Values
Staff Full Name	String	X[X(149)]	Mandatory	Alphanumeric combination
Staff HE Number	String	X[X(9)]	Mandatory	Valid HE number
Staff User ID	Numeric	N(8)	Mandatory	Unique numeric identifier
Stream	String	X(150)	Conditional	Valid stream
Stream Code	String	N(3)	Conditional	Valid stream code
Stream Type	Numeric	N	Conditional	1 – Child and adolescent 2 – Adult 3 – Elderly 4 – PET (Psychiatric Emergency Team) 5 – SARC (Sexual Assault Resource Centre) 6 – Youthlink
Venue	Numeric	N(2)	Mandatory	1 – Clinic 2 – Community centre 3 – Court 4 – Education facility 5 – Emergency department 6 – Entertainment venue 7 – General hospital 8 – GP surgery 9 – Group home 10 – Home/private dwelling 11 – Hostel 12 – Inhouse school 13 – Lock up

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

Appendix H – NOCC and AMHCC clinical measures

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

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

Label	Data Type	Format	Requirement	Permitted Values
Collection Occasion	Numeric	N[N]	Mandatory	1 – Referral 2 – Activation 3 – Admission (Inpatient only) 4 – Review (Inpatient only) 5 – Deactivation 6 – Discharge (Inpatient only) 7 – Review 8 – Referral (Inpatient only) 9 – Reverse Deactivation 10 – Reverse Discharge (Inpatient only)
Collection Occasion Date	Datetime	DDMMYYYY	Mandatory	Valid date
Collection Occasion Identifier	Numeric	N(8)	Mandatory	Unique numeric identifier
Collection Occasion Reason	Numeric	NN	Mandatory	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

Label	Data Type	Format	Requirement	Permitted Values
				31,32 – Transfer from other treatment setting
				33,34 – Transfer to other treatment setting
Collection Status	Numeric	N[N]	Mandatory	1 – Complete
				2 – Not completed due to temporary contraindication
				4 – Not completed due to general exclusion
				5 – Not completed due to refusal by the client
				7 – Not completed for reasons not elsewhere classified
				8 – Not completed due to protocol exclusion
				10 – Partially complete
				11 – Not completed due to cultural inappropriateness
				12 – Previous outcome measure is clinically relevant and accepted
				13 – Completed within last 7 days at different stream
				14 – Offered to client, awaiting response
				15 – Follow-up SDQ version used
				16 – Dismissed – automatic cleanup
				17 – Dismissed – manual program exclusion
				18 – Dismissed – manual user request
				19 – Dismissed – service split / amalgamation
				20 – Dismissed - restructure
Episode Identifier	Numeric	N(8)	Mandatory	Unique numeric identifier
Episode Service Setting	String	A	Mandatory	I – Psychiatric inpatient service
				O – Ambulatory mental health service
				R – Community residential mental health service

Label	Data Type	Format	Requirement	Permitted Values
Factors Influencing Health Status (FIHS)	Numeric	N	Conditional	1 – Yes 2 – No 8 – Unknown 9 – Not stated/inadequately described
Health of the Nation Outcome Scales (HoNOS)	Numeric	N	Conditional	0 – No problems within the period stated 1 – Minor problem requiring no action 2 – Mild problem but definitely present 3 – Moderately severe problem 4 – Severe to very severe problem
Health of the Nation Outcome Scales 65+ (HoNOS 65+)	Numeric	N	Conditional	0 – No problems within the period stated 1 – Minor problem requiring no action 2 – Mild problem but definitely present 3 – Moderately severe problem 4 – Severe to very severe problem
HoNOS for Children and Adolescents (HoNOSCA)	Numeric	N	Conditional	0 – No problems within the period stated 1 – Minor problem requiring no action 2 – Mild problem but definitely present 3 – Moderately severe problem 4 – Severe to very severe problem
Kessler (K10+) Score	Numeric	N	Conditional	1 – None of the time 2 – A little of the time 3 – Some of the time 4 – Most of the time 5 – All of the time

Label	Data Type	Format	Requirement	Permitted Values
Life Skills Profile Score (LSP-16)	Numeric	N	Conditional	0 – Score of 0 1 – Score of 1 2 – Score of 2 3 – Score of 3 7 – Unable to rate 9 – Not stated/missing
Phase End Date and Time	Datetime	YYYY-MM-DD HH:MM:SS	Conditional	Valid date and time
Phase of Care	Numeric	N	Conditional	1 – Acute 2 – Functional gain 3 – Intensive extended 4 – Consolidating gain 5 – Assessment only 9 – Not reported
Phase Start Date and Time	Datetime	YYYY-MM-DD HH:MM:SS	Conditional	Valid date and time
RUG-ADL Score	Numeric	N	Conditional	*Scoring scale for bed mobility, toileting and transfers:* 1 – Independent or supervision only 3 – Limited physical assistance 4 – Other than two persons physical assist 5 – Two or more persons physical assist *Scoring scale for eating:* 1 – Independent or supervision only 2 – Limited assistance 3 – Extensive assistance/total dependence/tube fed

Label	Data Type	Format	Requirement	Permitted Values
Strengths and Difficulties Questionnaire (SDQ) Score	Numeric	N	Conditional	*Item1 – item25* 0 – Not true 1 – Somewhat true 2 – Certainly true *Item26* 0 – No 1 – Yes - minor difficulties 2 – Yes - definite difficulties 3 – Yes - severe difficulties *Item27* 0 – Less than a month 1 – 1-5 months 2 – 6-12 months 3 – Over a year *Item28 – item33, item35* 0 – Not at all 1 – A little 2 – A medium amount 3 – A great deal *Item34* 0 – Much worse 1 – A bit worse 2 – About the same 3 – A bit better 4 – Much better

Label	Data Type	Format	Requirement	Permitted Values
				Item36 – item42
				0 – No
				1 – A little
				2 – A lot

Appendix I – Legal orders

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

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

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

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

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

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

Appendix J – Triage

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

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

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

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

Appendix K – Risk assessment and management plan

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

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

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

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

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

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

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

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

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

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

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

Appendix L – Child and adolescent risk assessment and management plan

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

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

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

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

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

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

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

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

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

Appendix M – Mental health assessment

Label	Data Type	Format	Requirement	Permitted Values
Alerts/Risks	Numeric	N	Mandatory	0 – No 1 – Yes
Alerts/Risks Summary	String	[X(4000)]	Conditional	Alphanumeric combination
Assessment Date and Time	Datetime	YYYY-MM-DD HH:MM	Mandatory	Valid date and time
Assessment Location	Numeric	N(4)	Mandatory	Valid location code
Referred by	String	X[X(799)]	Mandatory	Alphanumeric combination
Reason for Assessment	String	X[X(3999)]	Mandatory	Alphanumeric combination
Sources of Information	String	[X(4000)]	Optional	Alphanumeric combination
Communication Issues	String	[X(50)]	Optional	Alphanumeric combination
Assessor HE Number	String	X[X(9)]	Mandatory	Valid HE number
Assessor Designation	String	X[X(799)]	Mandatory	Alphanumeric combination
History				
History of Presenting Problem	String	X[X(3999)]	Mandatory	Alphanumeric combination
Mental Health History	String	X[X(3999)]	Mandatory	Alphanumeric combination
Legal Issues	String	X[X(3999)]	Mandatory	Alphanumeric combination
ASSIST Completed	Numeric	N	Optional	0 – No 1 – Yes 2 – N/A

Label	Data Type	Format	Requirement	Permitted Values
Is Smoker	Numeric	N	Optional	0 – No 1 – Yes
Smoker Advice Given	Numeric	N	Optional	0 – No 1 – Yes
Drug and Alcohol History	String	[X(4000)]	Optional	Alphanumeric combination
Medical History	String	[X(4000)]	Optional	Alphanumeric combination
Family History	String	[X(4000)]	Optional	Alphanumeric combination
Allergies	String	[X(4000)]	Optional	Alphanumeric combination
Current Treatments				
Current Medications	String	X[X(199)]	Conditional	Alphanumeric combination
Dose/Frequency/Route	String	X[X(199)]	Conditional	Alphanumeric combination
Comments	String	X[X(299)]	Conditional	Alphanumeric combination
Additional Information	String	[X(4000)]	Optional	Alphanumeric combination
Other Treatments	String	[X(4000)]	Optional	Alphanumeric combination
Social and Developmental History, Responsibilities				
Social History	String	[X(4000)]	Optional	Alphanumeric combination
Functional Assessment	Numeric	N	Optional	0 – No 1 – Yes 2 – N/A
Activities of Daily Living	String	[X(4000)]	Optional	Alphanumeric combination

Label	Data Type	Format	Requirement	Permitted Values
Driving	Numeric	N	Optional	0 – No 1 – Yes
Other Agencies	String	[X(4000)]	Optional	Alphanumeric combination
Responsible for Children	Numeric	N	Mandatory	0 – No 1 – Yes
Contact with Children	Numeric	N	Mandatory	0 – No 1 – Yes
Other Carer Responsibilities	Numeric	N	Mandatory	0 – No 1 – Yes
Dependant First Name	String	X[X(49)]	Conditional	Alpha characters only
Dependant Last Name	String	X[X(49)]	Conditional	Alpha characters only
Dependant Relationship	String	X[X(49)]	Conditional	Alphanumeric combination
Dependant Age / Date of Birth	String	X[X(49)]	Conditional	Alphanumeric combination
Dependant Whereabouts	String	X[X(199)]	Conditional	Alphanumeric combination
Concerns for Dependant	Numeric	N	Mandatory	0 – No 1 – Yes
Location of Risk Management Plan	String	X[X(49)]	Conditional	Alphanumeric combination
Developmental and Personal History	String	[X(4000)]	Optional	Alphanumeric combination
Mental State Examination				
Appearance	String	X[X(3999)]	Mandatory	Alphanumeric combination
Motor Behaviour	String	X[X(3999)]	Mandatory	Alphanumeric combination

Label	Data Type	Format	Requirement	Permitted Values
Speech	String	X[X(3999)]	Mandatory	Alphanumeric combination
Affect and Mood	String	X[X(3999)]	Mandatory	Alphanumeric combination
Perception	String	X[X(3999)]	Mandatory	Alphanumeric combination
Thought Processes and Content	String	X[X(3999)]	Mandatory	Alphanumeric combination
Cognition	String	X[X(3999)]	Mandatory	Alphanumeric combination
Insight	String	X[X(3999)]	Mandatory	Alphanumeric combination
RAMP	Numeric	N	Mandatory	0 – No 1 – Yes 2 – N/A
Reason No RAMP	String	X[X(3999)]	Conditional	Alphanumeric combination
Physical Examination Summary				
Physical Examination	Numeric	N	Mandatory	0 – No 1 – Yes 2 – N/A
Physical Appearance	Numeric	N	Mandatory	0 – No 1 – Yes 2 – N/A
Investigation Plan	String	X[X(3999)]	Mandatory	Alphanumeric combination
FBC	Numeric	N	Mandatory	0 – No 1 – Yes
UEC	Numeric	N	Mandatory	0 – No

Label	Data Type	Format	Requirement	Permitted Values
				1 – Yes
LFT	Numeric	N	Mandatory	0 – No 1 – Yes
Fasting BSL	Numeric	N	Mandatory	0 – No 1 – Yes
Hba1c	Numeric	N	Mandatory	0 – No 1 – Yes
Lipid Profile	Numeric	N	Mandatory	0 – No 1 – Yes
TFT	Numeric	N	Mandatory	0 – No 1 – Yes
Vitamin D	Numeric	N	Mandatory	0 – No 1 – Yes
CRP	Numeric	N	Mandatory	0 – No 1 – Yes
Calcium	Numeric	N	Mandatory	0 – No 1 – Yes
Magnesium	Numeric	N	Mandatory	0 – No 1 – Yes
Phosphate	Numeric	N	Mandatory	0 – No 1 – Yes
B12	Numeric	N	Mandatory	0 – No

Label	Data Type	Format	Requirement	Permitted Values
				1 – Yes
Folate	Numeric	N	Mandatory	0 – No 1 – Yes
Prolactin	Numeric	N	Mandatory	0 – No 1 – Yes
Urine MCS	Numeric	N	Mandatory	0 – No 1 – Yes
bHCG	Numeric	N	Mandatory	0 – No 1 – Yes
Chlamydia	Numeric	N	Mandatory	0 – No 1 – Yes
Gonorrhoea	Numeric	N	Mandatory	0 – No 1 – Yes
Hepatitis/HIV	Numeric	N	Mandatory	0 – No 1 – Yes
Syphilis	Numeric	N	Mandatory	0 – No 1 – Yes
Lithium	Numeric	N	Mandatory	0 – No 1 – Yes
Valproate	Numeric	N	Mandatory	0 – No 1 – Yes
Clozapine	Numeric	N	Mandatory	0 – No

Label	Data Type	Format	Requirement	Permitted Values
				1 – Yes
CXR	Numeric	N	Mandatory	0 – No 1 – Yes
CT head	Numeric	N	Mandatory	0 – No 1 – Yes
MRI	Numeric	N	Mandatory	0 – No 1 – Yes
Significant Findings	String	[X(4000)]	Optional	Alphanumeric combination
Formulation and Initial Management Plan				
Formulation	String	[X(4000)]	Optional	Alphanumeric combination
Initial Management Plan Discussion	Numeric	N	Mandatory	0 – No 1 – Yes 2 – N/A
Consulted with HE Number	String	X[X(9)]	Conditional	Valid HE number
Consultant Date and Time	Datetime	YYYY-MM-DD HH:MM:SS	Mandatory	Valid date and time
Initial Management Plan	String	X[X(3999)]	Conditional	Alphanumeric combination
Other Details				
Accommodation Type	Numeric	N(4)	Mandatory	Valid accommodation type code
Marital Status	String	X[X(49)]	Mandatory	Alpha characters only
Lives Alone	Numeric	N	Mandatory	0 – No 1 – Yes

Label	Data Type	Format	Requirement	Permitted Values
Country of Birth	String	X[X(49)]	Mandatory	Alpha characters only
Occupation	String	X[X(49)]	Mandatory	Alpha characters only
Year arrived in Australia	String	[X(50)]	Optional	Alphanumeric combination
Primary Language	String	[X(50)]	Optional	Alphanumeric combination
Interpreter required	Numeric	N	Mandatory	0 – No 1 – Yes
Interpreter Notes	String	X[X(49)]	Conditional	Alphanumeric combination
Guardianship Order	Numeric	N	Mandatory	0 – No 1 – Yes
Guardian Name	String	X[X(199)]	Conditional	Alpha characters only
Administration Order	Numeric	N	Mandatory	0 – No 1 – Yes
Administrator Name	String	X[X(199)]	Conditional	Alpha characters only
Enduring Power of Attorney	Numeric	N	Mandatory	0 – No 1 – Yes
Enduring Power of Attorney Name	String	X[X(199)]	Conditional	Alpha characters only
Enduring Power of Guardianship	Numeric	N	Mandatory	0 – No 1 – Yes
Enduring Power of Guardianship Name	String	X[X(199)]	Conditional	Alpha characters only
Religion/Cultural Background	String	X[X(49)]	Optional	Alphanumeric characters only

Label	Data Type	Format	Requirement	Permitted Values
Indigenous Status	Numeric	N	Mandatory	0 – Aboriginal 1 – Torres Strait Islander 2 – Both 3 – Neither
Offered Member of Community	Numeric	N	Mandatory	0 – No 1 – Yes
Offered Member of Community Accepted	Numeric	N	Conditional	0 – No 1 – Yes
CTO	Numeric	N	Mandatory	0 – No 1 – Yes
CTO Expiry Date	Date	YYYY-MM-DD	Conditional	Valid Date
Advance Health Directive	Numeric	N	Mandatory	0 – No 1 – Yes
Consumer Consent	Numeric	N	Mandatory	0 – No 1 – Yes
Next of Kin Consent	Numeric	N	Mandatory	0 – No 1 – Yes
Involuntary	Numeric	N	Mandatory	0 – No 1 – Yes
Rights Capacity	Numeric	N	Mandatory	0 – No 1 – Yes
Rights Explained	Numeric	N	Mandatory	0 – No

Label	Data Type	Format	Requirement	Permitted Values
				1 – Yes
Rights Understood	Numeric	N	Mandatory	0 – No
				1 – Yes
Next of Kin Relationship	String	[X(25)]	Optional	Alphanumeric combination
Next of Kin Surname	String	[X(50)]	Optional	Alphanumeric combination
Next of Kin First Name	String	[X(50)]	Optional	Alphanumeric combination
Next of Kin Address	String	[X(700)]	Optional	Alphanumeric combination
Next of Kin Phone Number Home	String	[X(32)]	Optional	Alphanumeric combination
Next of Kin Phone Number Mobile	String	[X(32)]	Optional	Alphanumeric combination
Next of Kin Phone Number Work	String	[X(32)]	Optional	Alphanumeric combination
Other Contact Relationship	String	[X(25)]	Optional	Alphanumeric combination
Other Contact Surname	String	[X(50)]	Optional	Alphanumeric combination
Other Contact First Name	String	[X(50)]	Optional	Alphanumeric combination
Other Contact Address	String	[X(700)]	Optional	Alphanumeric combination
Other Contact Phone Number Home	String	[X(32)]	Optional	Alphanumeric combination
Other Contact Phone Number Mobile	String	[X(32)]	Optional	Alphanumeric combination
Other Contact Phone Number Work	String	[X(32)]	Optional	Alphanumeric combination
Regular GP Surname	String	[X(50)]	Optional	Alphanumeric combination
Regular GP First Name	String	[X(50)]	Optional	Alphanumeric combination
Regular GP Address	String	[X(700)]	Optional	Alphanumeric combination

Label	Data Type	Format	Requirement	Permitted Values
Regular GP Phone Number Home	String	[X(32)]	Optional	Alphanumeric combination
Regular GP Phone Number Work	String	[X(32)]	Optional	Alphanumeric combination
Regular GP Fax Number	String	[X(32)]	Optional	Alphanumeric combination
Community Pharmacy Name	String	[X(80)]	Optional	Alphanumeric combination
Community Pharmacy Address	String	[X(700)]	Optional	Alphanumeric combination
Community Pharmacy Phone Number	String	[X(32)]	Optional	Alphanumeric combination
Community Pharmacy Fax Number	String	[X(32)]	Optional	Alphanumeric combination
Care Coordinator Name	String	[X(200)]	Optional	Alphanumeric combination
Care Coordinator Contact Details	String	[X(200)]	Optional	Alphanumeric combination
Care Coordinator Comments	String	[X(200)]	Optional	Alphanumeric combination
Primary Carer Identified	Numeric	N	Mandatory	0 – No 1 – Yes
Primary Carer Name	String	X[X(199)]	Conditional	Alphanumeric combination

Appendix N – 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	Dates updated. New SSCD data elements added: Triage (Appendix J) Risk Assessment and Management Plan (Appendix K) Child and Adolescent Risk Assessment and Management Plan (Appendix L) Previously omitted data elements included: Length of Stay Alert Duration Incident Duration Expiry Date Order Duration Corrected errors in data elements: AV Exam Leave Days Incident Recurrence Risk Incident Severity
1 July 2023	David Oats	Rob Anderson, Assistant Director General, Purchasing and System Performance	Dates updated. New SSCD data elements added: Mental Health Assessment (Appendix M) 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. Previously omitted data elements included: Phase Start Date and Time Phase End Date and Time Changed IHPA references to IHACPA and updated website links.

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Purchasing and System Performance Division
The Department of Health Western Australia

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