Service Contact Data Definitions

Review Date: Oct 2017
Next Review Date: Sept 2018

VICTORIA State Government | Health and Human Services

Terminology & Abbreviations

DMHS	**Designated Mental Health Service** A public health service that may provide compulsory assessment and treatment to people in accordance with the Mental Health Act 2014.
AMHS	**Area Mental Health Service** A service which provides specialist mental health care within a catchment area for a client age group. AMHS are governed by a public health service.
AHU	**Ambulatory Health Unit** A mental health community based unit.

CMI/ODS	**Client Management Interface / Operational Data store**
	CMI/ODS is the Victorian public mental health client information management system and comprises:
	• Client Management Interface (CMI) - The CMI is the local client information system used by each public mental health service
	• Operational Data Store (ODS) - The ODS manages a set of select data items from each CMI and is used to:
	  – allocate a unique (mental health) registration number for each client, known as the statewide unit record (UR) number
	  – share select client-level data between Victorian public area mental health services (AMHS) to support continuity of treatment and care
	  – meet the various reporting requirements of the Department
	  – support the statutory functions of the Chief Psychiatrist and the Mental Health Tribunal.

MHA	*Mental Health Act 2014* **(Vic)**

Event – Contact type

Definition	The type of contact between the health care professional (HCP) or mental health agency and the client.

Value domain attributes

Representational attributes

Representation class	Code	**Data type**	String
Format	A	**Maximum character length**	1
Permissible values	*Value*	*Meaning*	
	A	Registered client contact	
	B	Unregistered client contact	
	C	Community contact	
	D	Non-reportable contact	
	E	Case contact	

Data element attributes

Reporting attributes

Reported by	Public Mental Health Services (clinical and non-clinical)
Reported for	
Reported when	

Transmission attributes

Location	

Collection and usage attributes

Guide for use	Code A Registered client contact: Registered client service contact occurs after contacts are recorded against clients whom are formally registered at the mental health service's CMI campus and allocated a mental health statewide unit record (UR) number.

Excludes:
- Contacts for clients in an open case. See Code E.

Code B   Unregistered client contact: Unregistered client service contact occurs when services are provided to people who are not registered with the mental health service's CMI campus. A client can be a registered client at one service's CMI campus and (concurrently) an unregistered client at another service's CMI campus if the person has failed to satisfy the criteria for registration.

Code C   Community: Community-centred contact occurs when a service is provided by the mental health service to a community organisation or service provider working in a non-mental health specific setting. The focus of a community-centred contact is the other service provider, group or organisation rather than the individual client or client group.

Includes:
- primary, secondary and tertiary consultation services
- community development activities
- community education and social action
- Capacity development within designated mental health services for specific groups

Excludes:
- Where the service recipient is individual patients or clients with a mental health condition.

Code D   Non-reportable contact: This data is not sent to the Operational Data

Store (ODS) and is reserved for local purposes only. Services may determine what activity they need to record that does not meet the definition of a contact.

Unreportable contacts collected for local purposes may include any criteria specified by local services, provided it does not contradict reporting criteria of Contact type codes A, B,C, or E. Examples include:

intra-AMHS liaison

intra-AMHS meetings

intra-AMHS training

travel time

Code E Case contact (automatically derived by CMI/ODS): Case contacts are a subset of registered contacts. When a registered client is 'within a case' or period of case management the CMI/ODS will record a registered contact (as above) as a case contact. This circumstance is identified by the CMI/ODS at the time of data entry and does not require additional input by clinical or data entry staff.

Business rules

A client service contact <u>must</u> meet <u>all</u> of the following criteria:

- clinically significant in nature
- Provided by a Health care professional (HCP) who is employed within a specialist public mental health service Ambulatory Health Unit (AHU)
- for a patient/client
- requires a dated entry in the health record or triage record of the patient/client

Clinically Significant in Nature includes activity that:
- directly contributes towards assessment of a client's condition; or towards the therapeutic needs of a client's condition
- supports the needs of a client's dependents
- is supportive activity for a client's family, support person, or carer.

Excludes administrative activity, or intra-AMHS operational type activity. Intra-AMHS activity is defined as activity where only staff employed within the same catchment area for the same age group are the contact recipients.

Examples of contacts which do not meet reportable activity criteria:-
- allocation meetings
- appointment scheduling (including via electronic contact)
- administrative tasks
- case conferences
- clinically-related administrative work (such as reading or researching patient notes for any purpose)
- clinical supervision where service recipient outside the Ambulatory Health Unit is not present.
- coronial services liaison (statutory and non-statutory tasks)
- synchronous mediums (telephone, teleconference, videoconference, SMS or other direct real time text based messaging) with any person or organisation not consistent with the criteria for a client service contact.
- asynchronous mediums (email, hardcopy correspondence, fax, voicemail) with any person or organisation not consistent with the criteria for a client service contact.
- automated asynchronous communication
- escort time
- evidentiary depositions and compliance with subpoenas
- intake meetings
- intra-AMHS liaison
- intra-AMHS meetings
- intra-AMHS training
- post mortem clinical tasks
- post mortem liaison with police or members of the judiciary

	- professional conferences, seminars or similar (internal and external) - record keeping - report writing or reviewing - research on any topic for any purpose - SMS to (or from) any person or organisation on any subject not consistent with the criteria for a client service contact - team meetings - text messaging to (or from) any person or organisation on any subject not consistent with the criteria for a client service contact - travel time - voicemail communication to (or from) any person or organisation on any subject not consistent with the criteria for a client service contact.
Purpose/context	To: - present a profile of the mental health services provided to clients by the mental health agency - identify the service profile of the agency to inform future service requirements and funding considerations - comply with Victoria's reporting obligations under the Australian Health Care Agreement and National Minimum Dataset.
Principal data users	Public Mental Health Services (clinical and non-clinical) Mental Health, Drugs & Regions Division
National reporting requirements	

Source and reference attributes

Department of Human Services common data dictionary	
Definition source	CMI/ODS (Mental Health, Drugs & Regions Division)
Definition source identifier	
Value domain source	CMI/ODS (Mental Health, Drugs & Regions Division)
Value domain identifier	

Relational attributes

Related concepts	
Related data elements	
Edit/validation rules	
Other related information	

Administrative attributes

Version	Version 1.0
Collection start date	

Event – Community contact type

Definition	Contacts provided by mental health services to community organisations or service providers working in non-psychiatric settings. The focus of the service is the other service provider, group or organisation rather than the individual client or client group.
	Includes primary, secondary and tertiary consultation services where advice is provided to a clinician or agency regarding a particular client. Community development activities, both internal and external, as well as community education are also considered a community contact type. Each of these terms is defined in the following sections.

Value domain attributes

Representational attributes

Representation class	Code	**Data type**	String
Format	N	**Maximum character length**	1
Permissible values	*Value*	*Meaning*	
	1	Primary consultation	
	2	Secondary Consultation	
	3	Tertiary consultation	
	4	Community development	
	5	Community education	
	6	Specialty MH service development	

Data element attributes

Reporting attributes

Reported by	Public Mental Health Services (clinical and non-clinical)
Reported for	
Reported when	

Transmission attributes

Location	

Collection and usage attributes

Guide for use	Client Type C contacts must be recorded in terms of the definitions outlined below. In determining the appropriate code for a contact, the definition that best describes the contact should be used. As most community-centred services have multiple elements and objectives, the principal or major function of the contact must be used as the basis for recording contacts.
	Code 1 Primary consultation: Refers to a service provided where a client of that agency or provider is seen on behalf of, or in conjunction with, a professional from that service. In general, the purpose of primary consultation is to provide specialist mental healthcare advice to another agency on diagnosis or management issues. In those instances where, following a primary consultation, it is determined that the client is most appropriately treated by the mental health agency, the client would be registered and contacts recorded as a registered client.
	Code 2 Secondary consultation: A service delivered to a professional from

another service about a specific client of that other agency. In contrast to primary consultation, in secondary consultation the client is not present during the consultation.

A secondary consultation may involve discussion about a number of clients of the other agency or service provider. When this occurs one contact is recorded for each client discussed.

Note: The contact may occur with an external service provider about a registered client during which the principal purpose is to provide secondary consultation, but which also involves a degree of interagency case liaison with two agencies coordinating a joint approach to the client. When this occurs, and the client is still receiving care from the mental health agency, the contact must be coded as an interagency case liaison contact.

Code 3 Tertiary consultation: Refers to a service to another service about aspects of the program or service provided by the agency. This may involve developing the skills of professionals in the agency or work on another mental health issue. There is usually no reference to treatment of specific clients.

Code 4 Community development: Refers to activities directed at developing and promoting community action relating to mental health issues. Interagency liaison between a mental health agency and an external agency for the purpose of improving services for a specific group or within an area must be coded as community development. Note that this is not to be recorded as Interagency Case Liaison. Interagency Case Liaison refers to contacts between agencies about a specific registered or unregistered client in which the purpose of the contact is to coordinate the activities of the two agencies in regard to that specific client.

Code 5 Community education: Refers to direct provision of services targeted to educate the general community about the subject of mental health and mental health issues.

Code 6 Specialty service development: Refers to where a specialist Ambulatory Health Unit (AHU) has been funded to predominantly build an AMHS's capacity to provide mental health support to a specific target population. See Appendix 1 for a list of services which may use this Program.

Purpose/context

To:

- present a profile of the mental health services provided to clients by the mental health agency

- identify the service profile of the agency to inform future service requirements and funding considerations

- comply with Victoria's reporting obligations under the Australian Health Care Agreement and National Minimum Dataset.

Principal data users

Public Mental Health Services (clinical and non-clinical)

Mental Health, Drugs & Regions Division

National reporting requirements

Source and reference attributes

Department of Human Services common data dictionary

Definition source   CMI/ODS (Mental Health, Drugs & Regions Division)

Definition source identifier

Value domain source   CMI/ODS (Mental Health, Drugs & Regions Division)

Value domain identifier

Relational attributes

Related concepts

Related data elements

Edit/validation rules	
Other related information	

Administrative attributes

Version	Version 1.0
Collection start date	

Event – Contact Date/Time

Identifying and definitional attributes

Definition	The date and time the service was provided to the client (or other service recipient).

Value domain attributes

Representational attributes

Representation class	Date/time	**Data type**	Date/time
Format	DDMMYYYYH HMM	**Maximum character length**	12
Permissible values	***Value***	***Meaning***	

DDMMYYYY
Record hours (HH) and minutes 9MM) using a 24-hour clock, in range of 00:00-23:59. Must be reported for Triage MDS

Data element attributes

Reporting attributes

Reported by	Public Mental Health Services (clinical and non-clinical)
Reported for	
Reported when	

Transmission attributes

Location	

Collection and usage attributes

Guide for use	Date/time must be the date the start date/time the contact was delivered. It should not be the end date/time nor the date/time the contact was recorded on a log sheet or entered into CMI/ODS. Contact time must be recorded for all contacts.
Purpose/context	To: ▪ present a profile of the mental health services provided to clients by the mental health agency ▪ identify the service profile of the agency to inform future service requirements and funding considerations • comply with Victoria's reporting obligations under the Australian Health Care Agreement and National Minimum Dataset.
Principal data users	Public Mental Health Services (clinical and non-clinical) Mental Health, Drugs & Regions Division
National reporting requirements	

Source and reference attributes

Department of Human Services common data dictionary	
Definition source	CMI/ODS (Mental Health, Drugs & Regions Division)
Definition source identifier	
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Value domain identifier	

Related concepts

Related data elements

Edit/validation rules

Other related information

Version   Version 1.0

Collection start date

Event – Contact duration

Identifying and definitional attributes

Definition	The duration of time in minutes, spent by the service recipient, for the contact provided by the health care professional (HCP).

Value domain attributes

Representational attributes

Representation class	Total	**Data type**	Number
Format	N[NNNN]	**Maximum character length**	5
Unit of Measure	**minutes**		

Data element attributes

Reporting attributes

Reported by	Public Mental Health Services (clinical and non-clinical)
Reported for	
Reported when	

Transmission attributes

Location	

Collection and usage attributes

Guide for use	Hours or part thereof must be converted to minutes. Example: 1.5 hours = 90 minutes - For group sessions, the time the patient/client attends the session is recorded for each patient/client, irrespective of the number of patients/clients or third parties participating or the number of service providers providing the service. - Where asynchronous communication medium duration meets reportable criteria, the estimated read time is the duration (recipient perspective). - Recording or documenting within a client's health record the details of service contacts must not be reported as part of the duration. - Duration is from the perspective of the client, not the service provider. - Travel to or from the location at which the service is provided must not be reported as part of the duration of the service contact. - Contacts of less than five minutes duration will need to be verified by services as clinically significant due to national reporting requirements. - Contacts in excess of 300 minutes duration must be audited and verified against the documentation in the medical record.
Purpose/context	To: - present a profile of the mental health services provided to clients by the mental health agency - identify the service profile of the agency to inform future service requirements and funding considerations - comply with Victoria's reporting obligations under the Australian Health Care Agreement and National Minimum Dataset.
Principal data users	Public Mental Health Services (clinical and non-clinical) Mental Health, Drugs & Regions Division

National reporting requirements

Department of Human Services common data dictionary

Definition source CMI/ODS (Mental Health, Drugs & Regions Division)

Definition source identifier

Value domain source CMI/ODS (Mental Health, Drugs & Regions Division)

Value domain identifier

Related concepts

Related data elements

Edit/validation rules

Other related information

Version Version 1.0

Collection start date

Event – Service medium

Identifying and definitional attributes

Definition	How a contact was provided.

Representational attributes

Representation class	Code	**Data type**	Number
Format	N	**Maximum character length**	1
Permissible values	*Value*	*Meaning*	
	1	Direct	
	2	Telephone	
	3	Videoconference or teleconference	
	5	Other synchronous	
	6	Other asynchronous	

Data element attributes

Reporting attributes

Reported by	Public Mental Health Services (clinical and non-clinical)
Reported for	
Reported when	

Transmission attributes

Location	

Collection and usage attributes

Guide for use	Code 1 Direct: A service provided face to face in the same room or other environment as the client or other service recipient.
	Code 2 Telephone: A service provided to the client on the telephone or other service recipient.
	Code 3 Videoconference or teleconference: A service provided to the client or other service recipient by videoconference or teleconference.
	Code 5 Other synchronous: A medium which enables simultaneous real time live communication between a Health Care Professional and service recipient. eg instant online messaging Excludes Direct, Telephone and Video/Teleconferences.
	Code 6 Other asynchronous: Any communication medium which does not require the presence of the service recipient and Health Care Professional at the same time. Includes answering machine, email, text messaging, voicemail)
Purpose/context	To:
	▪ present a profile of the mental health services provided to clients by the mental health agency
	▪ identify the service profile of the agency to inform future service requirements and funding considerations
	• comply with Victoria's reporting obligations under the Australian Health Care Agreement and National Minimum Dataset.
Principal data users	Public Mental Health Services (clinical and non-clinical)
	Mental Health, Drugs & Regions Division

National reporting requirements	

Relational attributes

Related concepts	
Related data elements	
Edit/validation rules	
Other related information	Chakrabarti, S. (2015). Usefulness of telepsychiatry: A critical evaluation of videoconferencing-based approaches. *World Journal of Psychiatry*, *5*(3), 286–304. http://doi.org/10.5498/wjp.v5.i3.286

Administrative attributes

Version	Version 1.0
Collection start date	

Event – Number providing service

Definition	The number of staff involved in delivering the contact for the service recipient.

Representational attributes

Representation class	Total	**Data type**	Number
Format	N[N]	**Maximum character length**	2

Data element attributes

Reporting attributes

Reported by	Public Mental Health Services (clinical and non-clinical)
Reported for	
Reported when	

Transmission attributes

Location	

Collection and usage attributes

Guide for use	There are a variety of situations when more than one staff member is involved in providing a service or contact, including community assessment and treatment teams, psychogeriatric assessment teams, day programs and family liaison.
	
	The number of staff providing a service refers to the number of professional staff employed or supervised by the mental health service who are directly involved in providing the contact.
	    Includes:
	    ▪ professional staff employed by the mental health service
	    ▪ supervised employees of the mental health service.
	    Excludes:
	    ▪ interpreters facilitating service delivery
	    ▪ staff of the mental health service observing or being trained
	    ▪ students on professional placement
	    ▪ supervisory staff not directly involved in service provision.

Business rules	• Where more than one staff member participates in a group activity, the service contact is reported by only one nominated staff member. Other staff participation is noted in the number of service providers. • Where more than one HCP participates in a 'Community' Contact Type, the service contact is reported by only one nominated HCP. Other staff participation is noted in the number of service providers.

Purpose/context	To:
	    ▪ present a profile of the mental health services provided to clients by the mental health agency
	    ▪ identify the service profile of the agency to inform future service requirements and funding considerations
	    • comply with Victoria's reporting obligations under the Australian Health Care Agreement and National Minimum Dataset.

Principal data users	Public Mental Health Services (clinical and non-clinical) Mental Health, Drugs & Regions Division

National reporting requirements	

Department of Human Services common data dictionary	
Definition source	CMI/ODS (Mental Health, Drugs & Regions Division)
Definition source identifier	
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Relational attributes

Related concepts	
Related data elements	
Edit/validation rules	
Other related information	

Administrative attributes

Version	Version 1.0
Collection start date	

Event – Number receiving service

Identifying and definitional attributes

Definition	The number of service recipients of the contact.

Representational attributes

Representation class	Total	**Data type**	Number
Format	N[N]	**Maximum character length**	2

Data element attributes

Reporting attributes

Reported by	Public Mental Health Services (clinical and non-clinical)
Reported for	
Reported when	

Transmission attributes

Location	

Collection and usage attributes

Guide for use	▪ For client service contacts types, this should be the number of registered and unregistered clients receiving the contact. ▪ For community service contact types - ▪ Primary/Secondary – This should be the number of clients discussed ▪ Tertiary – this should be the number of professional staff present from the external organisation ▪ Community development/Community education – this should be the number of persons present from the community. ▪ Specialty MH service development – this should be the number of internal staff receiving the contact.
Business rules	▪ For client service contacts types, where the same contact is for more than one client, ie is a group contact, the number receiving service should be equal to the number of clients the contact service is for. ▪ For community service contact types ▪ Primary/Secondary - the service contact is reported as separate contacts for each service client discussed. ▪ All other community service contact types – should have only one contact reported regardless of the number of service recipients.
Purpose/context	To: ▪ present a profile of the mental health services provided to clients by the mental health agency ▪ identify the service profile of the agency to inform future service requirements and funding considerations • comply with Victoria's reporting obligations under the Australian Health Care Agreement and National Minimum Dataset.
Principal data users	Public Mental Health Services (clinical and non-clinical) Mental Health, Drugs & Regions Division

National reporting requirements	

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Relational attributes

Related concepts	
Related data elements	
Edit/validation rules	
Other related information	

Administrative attributes

Version	Version 1.0
Collection start date	

Event – Service location

Definition	Specifies where the service was provided in terms of the location of the clinical worker providing the service. In the case of contacts provided by telephone, this will usually differ from the location of the client at the time the service is received.

Representation class	Code	**Data type**	Number
Format	N[N]	**Maximum character length**	2
Permissible values	*Value*	*Meaning*	
	2	Community based mental health service	
	3	Mental health inpatient service	
	4	Client's own environment	
	5	Non-psychiatric health or welfare service	
	7	Emergency department	
	8	Public hospital – excl MH ward	
	9	Private psychiatric hospital	
	10	Private practitioner's rooms	
	11	Psych Disability Rehab Service (PDRSS)	
	12	Community care unit (CCU)	
	13	Aged persons mental health residential service	
	14	Generic aged care residential service	
	15	Alcohol and drug treatment service	
	16	Prevention and recovery centre (PARC)	
	17	Early years setting	
	18	Educational institutions	
	19	Child first/family services	
	20	Out of home care	
	21	Youth specific service setting	
	22	Housing and/or support agency	
	23	Police facilities	
	24	Courts	
	25	Prison	
	99	Other	

Data element attributes

Reported by	Public Mental Health Services (clinical and non-clinical)
Reported for	
Reported when	

Location

Guide for use

Code 2   Community-based mental health services: The contact occurred in the offices or rooms of a community-based Mental Health Service.

Code 3   Mental Health Inpatient Service: The contact occurred at an inpatient mental health service.
Excludes:
- Emergency department (refer 7. Emergency Department)

Code 4   Client's own environment: The contact was made in the client's own environment, which may include their home, usual living environment or workplace.
Includes:
- Supported residential service (Adult and Aged services)
Excludes:
- Homeless services

Code 5   Non-psychiatric health or welfare service: The contact occurred in an agency other than a public sector mental health service.
Includes:
- Community-managed organisations
- Non-government managed organisations
Excludes:
- Homeless shelter
- Mental Health Community Support Services (MHCSS)
- Public sector mental health service within a public hospital or health centre

Code 7   Emergency Department: The contact occurred at a public hospital emergency department.

Code 8   Public Hospital – excl MH ward: The contact occurred at a public hospital.
Excludes:
- Public mental health ward
- Emergency department of a public hospital

Code 9   Private psychiatric hospital: The contact occurred at a private psychiatric hospital.

Code 10 Private practitioner's rooms: The contact occurred at a private practitioner's practice.
Includes:
- general practitioner
- specialist physician
- psychiatrist
- psychologist

Code 11 Psych Disability Rehab Service (PDRSS) /Mental Health Community Support Service (MHCSS): The contact occurred at a psychiatric disability rehabilitation support service.

Code 12 Community care unit (CCU): The contact occurred at a community care unit.

Code 13 Aged persons mental health residential service: The contact occurred at an aged persons' mental health residential service.

Code 14 Generic aged care residential service: The contact occurred at a generic aged persons' residential service.
Excludes:
- mental health aged care residential service

Code 15 Alcohol and drug treatment service: The contact occurred at an alcohol and drug treatment service

Code 16 Prevention and recovery centre (PARC): The contact occurred at a prevention and recovery centre (PARC)

Code 17 Early years setting: The contact occurred at an early years setting.
Includes:
- maternal and child health
- preschool/kindergarten

        ▪   early childhood intervention service.

Code 18 Educational institution: The contact occurred at an educational setting.
    Includes:
- primary school
- secondary school
- special school
- tertiary institution (university or TAFE).

Code 19 Child & family support service/Child FIRST: The contact occurred at a Child & family support service or Child FIRST agency.

Code 20 Out-of-home care: The contact occurred at an 'out-of-home care' setting for all age groups.
    Includes:
- Foster care
- Secure welfare

Code 21 Youth specific service setting: The contact occurred at a youth specific program, e.g. Headspace.

Code 22 Housing and/or support agency: The contact occurred at a housing or support agency.
    Includes:
- Homeless shelter
- Refuge
- Crisis accommodation

Code 23 Police facilities: The contact occurred at a police station, police vehicle or other police environment (e.g. holding cell).

Code 24 Courts: The contact occurred in a Court setting.

Code 25 Prison: The contact occurred in a prison environment.
    Excludes:
- mental health inpatient service.

Code 99 Other
    Includes:
- work car
- park/gardens (excluding client's own environment)
- restaurant.

    Excludes:
- locations specified above

Purpose/context	To: ▪ present a profile of the mental health services provided to clients by the mental health agency ▪ identify the service profile of the agency to inform future service requirements and funding considerations • comply with Victoria's reporting obligations under the Australian Health Care Agreement and National Minimum Dataset.
Principal data users	Public Mental Health Services (clinical and non-clinical) Mental Health, Drugs & Regions Division
National reporting requirements	

Source and reference attributes

Department of Human Services common data dictionary	
Definition source	CMI/ODS (Mental Health, Drugs & Regions Division)
Definition source identifier	
Value domain source	CMI/ODS (Mental Health, Drugs & Regions Division)
Value domain identifier	

Relational attributes

Related concepts

Related data elements	
Edit/validation rules	
Other related information	

Administrative attributes

Version	Version 1.0
Collection start date	

Event – Service recipient

Identifying and definitional attributes

Definition	The person(s)/other service receiving the contact

Representational attributes

Representation class	Code	**Data type**	Number
Format	N[N]	**Maximum character length**	3
Permissible values	*Value*	*Meaning*	
	1	Client only	
	2	Client group	
	3	Client and family	
	4	Client and others	
	5	Client, family and others	
	6	Family only	
	7	Other	
	8	Family and others	
	9	Parent/Family/Carer group	
	10	Interagency case planning	
	11	General practitioner	
	12	Private psychiatrists	
	13	Other health practitioners (private)	
	14	PDSS	
	15	Ambulance	
	16	Police	
	17	Youth Justice	
	18	Child Protection	
	19	Community health services	
	20	Acute health	
	21	Child & family support	
	22	Counselling	
	23	Crisis services	
	24	Domestic violence	
	25	Drug and alcohol	
	26	Educational	
	27	Employment	
	28	Financial	
	29	Accommodation	
	30	Home support services	
	31	Aged care assessment services	
	32	Indigenous persons support services	
	33	Intellectual disability services	
	34	Migrant resource services	
	35	Sexual assault services	

36	Youth services	
37	Legal services	
38	Pathology services	
99	InterAMHS planning	
100	DMHS speciality development	
101	Client and Compulsory notification list	
102	Client, Family and Compulsory notification list	
103	Compulsory notification list	
104	Family and Compulsory Notification list	

Data element attributes

Reporting attributes

Reported by   Public Mental Health Services (clinical and non-clinical)

Reported for

Reported when

Transmission attributes

Location

Collection and usage attributes

Guide for use

Code 1   Client only: Service provided to the client alone.

Code 2   Client group: Service provided to the client in the context of a client group activity. Record one contact against each client recipient.

Includes:
- group program run by mental health program
- day programs at a supported residential service
- group programs at a supported residential service.

Excludes:
- family groups
- client and others.

Code 3   Client and family: Service provided when the client is seen in the company of one or more members of their family.

Code 4   Client and other(s): Service provided to the client in the company of another individual who is not family.

Includes:
- carer, where carer is not a family member
- friend
- neighbour.
- employer

Excludes:
- family.

Code 5   Client, family and others: Service provided when the client is seen in the company of one or more members of their family together with one or more other significant individuals (such as a friend, employer or neighbour).

Code 6   Family only: Service provided to client family member(s) when the client is not present.

Code 7   Others: Service provided when the above codes 1−6 are not able to adequately describe the particular group of service recipients.

Includes:
- "Carer only", where carer is not a family member.

Code 8   Family and others: Service provided to family and others without the client present.

Code 9   Parent/Family/Carer group: Service provided to a parent/family/carer group without the client(s) present. Record one contact for each client the group contact is for.

Code 10 Interagency case planning: Service provided to another Designated Mental Health Service or other agency, specifically to coordinate services for a particular client. Excludes same DMHS.

Code 11 General practitioner: Service provided to the client's general practitioner.
Excludes:
- community health centres.

Code 12 Private psychiatrist: Service provided to the client's private psychiatrist.
Excludes:
- community health centres
- general practitioners.

Code 13 Other health practitioners (private): Service provided to other private health practitioners.
Includes:
- allied health professionals.
Excludes:
- community health centres
- pathology services (refer to 38)

Code 14 PDSS: Service provided to psychiatric disability and rehabilitation support services.

Code 15 Ambulance: Service provided to ambulance services.

Code 16 Police: Service provided to police services.

Code 17 Youth Justice: Service provided to youth justice facilities.
Includes:
- Office of Correctional Services
- Juvenile Justice.

Code 18 Child Protection: Service provided to the Department of Human Services - Child Protection Unit.

Code 19 Community health services: Service provided to a health professional from a community health service.

Code 20 Acute health: Service provided to any department within a general hospital.. Includes Acute medical services within the Designated Mental Health Service.
Excludes:
- ACIS, (Previously CATT, ECATT) (refer to 23. Crisis services)

Code 21 Child and family support service: Service provided to Child and Family Information, Referral and Support Teams (Child FIRSTs) agencies.

Code 22 Counselling: Service provided to public or private counselling services.

Code 23 Crisis services: Service provided to crisis services such as Acute Community Intervention Service (ACIS) teams and short-term shelters.

Code 24 Family/domestic violence: Service provided to family/domestic violence services.

Code 25 Drug and alcohol: Service provided to drug and alcohol services.

Code 26 Educational: Service provided to educational services such as schools, TAFEs and universities.

Code 27 Employment: Service provided to the client's employer or Centrelink.

Code 28 Financial: Service provided to financial services such as the Victorian Civil and Administrative Tribunal.

Code 29 Accommodation: Service provided to long-term accommodation services. Examples include lodges, hostels, boarding houses, refuges or crisis accommodation and Special residential service.

Refer to Victoria's mental health service resources for case managers – Meeting consumer needs for housing and accommodation.

Code 30 Home support services: Service provided to home support services such as Meals on Wheels, the Royal District Nursing Service (RDNS) and Home Help.

Code 31 Aged care assessment services: Service provided to aged care assessment services.

Code 32 Indigenous persons support services: Service provided to indigenous persons support services.

Code 33 Intellectual disability services: Service provided to intellectual disability

services.

Code 34 Migrant resource services: Service provided to migrant resource services.

Code 35 Sexual assault services: Service provided to sexual assault services.

Code 36 Youth services: Service provided to youth services.

Code 37 Legal services: Service provided to legal services such as Legal aid and legal representatives (barrister, lawyer, etc).

Code 38 Pathology services: Service provided to pathology services such as Clopine.

Code 99 InterAMHS planning: Services provided within the same DMHS but to another AMHS specifically to coordinate services for a particular client. Includes transfers to an AMHS responsible for a different catchment area for the same age group, or to an AMHS responsible for a different age group.

NOTE – Only reportable by the AMHS currently managing the client.

Code100 DMHS Service Development: Where a service within a DMHS is undergoing education and development from a specialist Ambulatory Health Unit (AHU) to build capacity to provide mental health support to a client cohort with specialist needs.. See Appendix 1 for a list of services which may provide this service.

Code 101 Client and compulsory notification list: Contacts completed as part of notification requirements within the Mental Health Act (MHA) 2014. Client is present for the contact, as are persons identified as requiring notification under the mental health act.

Code 102 Client, family and compulsory notification list: Contacts completed as part of notification requirements within the MHA. Family members that are not classified as persons that require to be notified under the MHA are also present for this contact.

Code 103 Compulsory notification list: Contacts completed as part of notification requirements within the MHA. Only persons within the Compulsory Notification list receive this contact. The client does not receive this contact.

Code 104 Family and compulsory notification list: Contacts completed as part of notification requirements within the MHA. Only client family and persons within the Compulsory Notification list receive this contact. The client does not receive this contact.

Purpose/context	To:
	▪ present a profile of the mental health services provided to clients by the mental health agency
	▪ identify the service profile of the agency to inform future service requirements and funding considerations
	• comply with Victoria's reporting obligations under the Australian Health Care Agreement and National Minimum Dataset.
Principal data users	Public Mental Health Services (clinical and non-clinical)
	Mental Health, Drugs & Regions Division
National reporting requirements	

Source and reference attributes

Department of Human Services common data dictionary	
Definition source	CMI/ODS (Mental Health, Drugs & Regions Division)
Definition source identifier	
Value domain source	CMI/ODS (Mental Health, Drugs & Regions Division)
Value domain identifier	

Related concepts

Related data elements

Edit/validation rules

Other related information

Version　　　　　　　　　Version 1.0

Collection start date

Appendix 1 – Community Specialty MH Service Development

The following specialist services are eligible to report Community contact type "Specialty MH service development".

- FAPMI – Family where a Parent has a Mental Illness
- Forensic Clinical Specialist
- Clinical Specialist Child
- Victorian Dual Diagnosis Initiative

Services should ensure that local CMI/ODS Subcentre and Program configuration is setup correctly to report this type of community contact type. Where services are unsure of the correct Subcentre/Program setup for the above programs, please refer to the CMI/ODS Subcentre/Program Program Management Circular, or contact MHDReporting@dhhs.vic.gov.au.