

# FIXUS USER GUIDE

## Primary Mental Health Services

### Contents

Primary Mental Health Care Minimum Data Set (PMHC-MDS) .....	2
Operating system requirements .....	2
Getting started .....	2
Your Dashboard .....	3
Update profile .....	4
Practitioner Profile .....	4
Registering a client .....	5
Client information, consent and privacy .....	6
Client list .....	7
Completing PMHC-MDS items.....	7
Validate report for MDS .....	8
Entering a session .....	9
Entering Outcome Measures .....	10
Closing a client .....	12
Opening a new service for a closed client.....	13
Clinician reports.....	13
Agency reports .....	14
Fault resolution process.....	14
Additional Fixus functions .....	14
PMHC-MDS Data definitions .....	15
Client and Episode definitions.....	15
Service Contact definitions .....	23

## Primary Mental Health Care Minimum Data Set (PMHC-MDS)

In order to monitor and evaluate regional service delivery against key performance indicators, all 31 PHNs across Australia are required to collect and enter/upload data into the PMHC-MDS. The PMHC-MDS has been developed on the basis of the previous ATAPS/ MHSRRA MDS, but has been expanded to capture the broader range of mental health services that are now being commissioned by PHNs.

Areas in this User Guide in blue have been adjusted or included due to the PMHC-MDS.

### Operating system requirements

Fixus can be used on multiple operating systems such as Windows, Mac OSX, iOS and Android tablets. The only requirement of Fixus is an up-to-date browser. That means, Internet Explorer 11 and above or Google Chrome, Mozilla Firefox or Safari.

As Google Chrome, Mozilla Firefox or Safari update automatically they are preferred over Internet Explorer. Windows XP is no longer supported by these recent browser versions and therefore may not be useable with Fixus.

### Getting started

#### *New user registration*

A request for new Fixus users should be faxed (03 5406 0173) or phoned (03 4408 5645) to the Murray PHN administrator who will register the new user (e.g. clinician, case allocator) into Fixus. Please provide the following details: Name, Email, Agency, Role

Web based emails (e.g. Gmail/Hotmail) cannot be used for Fixus due to privacy.

### Description of roles

Administrator: conducts client registrations and provides admin support for data entry. They will need to be added to each team that they oversee

PTS clinician: all health professionals

PMHCCC MH Nurse: Mental Health Nurse (Credentialed)

PMHCCC Other: PMHCCC team members that are not a MH nurse

Manager: Access to monitor service delivery, waitlists etc. They will need to be added to each team that they oversee

Once staff members have been registered on Fixus they will receive an email and will need to log on and update their profile. Organisational details and Staff Profile information is required as part of Commonwealth Primary Mental Health Minimum Data Set (PMHC-MDS).

New users can access the demonstration site where you can practice using Fixus and following this guide. Please note this data is not live and clients in it have been made up. This should only be used for training and trial and not for real client information.

[Immml-demo.app.fixus.com.au/](http://immml-demo.app.fixus.com.au/)

[User: training@murrayphn.org.au](mailto:training@murrayphn.org.au)

[Password: Training1](#)

## Login

Open your web browser. Enter this URL:  
<https://lmmml.app.fixus.com.au/Programs/Ataps/Default>  
Enter the username and password (provided by Murray PHN administrator).

Please check with your organisation regarding their policy on saved passwords.

## Login

User name

Password [Forgotten your Password?](#)

Remember my details for next time (not recommended for public machines)

## Log out

To log out click on this icon on the top right hand of the navigation bar next to your name.



## Your Dashboard

Get to your Dashboard (or Homepage) at any time by selecting



The yellow box includes information regarding your profile. Unavailability can also be recorded here to enable Fixus administrators to be aware of leave periods.

Your profile is up-to-date.  Your profile is used as part of the ATAPS minimum dataset reporting.

Adding in periods of unavailability informs staff of your availability.

## Client List

All clients allocated to you will be listed in the Client List box.

Name	DOB	Program Stream	Referral Date	First Session Last Session	Sessions	Last assigned	
Anne FRANK	09-Dec-1961	PTS - Suicide Prevention	02-May-2017		0 / 18	Training Murrayphn	
Morgan ALEXANDER	13-Aug-1953	PTS - General	15-Aug-2016		0 / 6	Murray Fixus	
Mickey MOUSE	29-Aug-1966	PTS - General	29-Aug-2016		0 / 6	Training Murrayphn	

## Inactive Cases List

This list on your dashboard includes the following clients:

- Clients that have been registered but have no sessions
- Clients that have had no activity in the last 12 weeks

This list can assist clinicians (or case allocators) to monitor clients that need to be either seen, closed or have the session limit changed.

Name	DOB	Program Stream	Referral Date	First Session Last Session	Sessions	Last assigned	
Anne FRANK	09-Dec-1961	PTS - Suicide Prevention	02-May-2017		0 / 18	Training Murrayphn	
Morgan ALEXANDER	13-Aug-1953	PTS - General	15-Aug-2016		0 / 6	Murray Fixus	
Mickey MOUSE	29-Aug-1966	PTS - General	29-Aug-2016		0 / 6	Training Murrayphn	

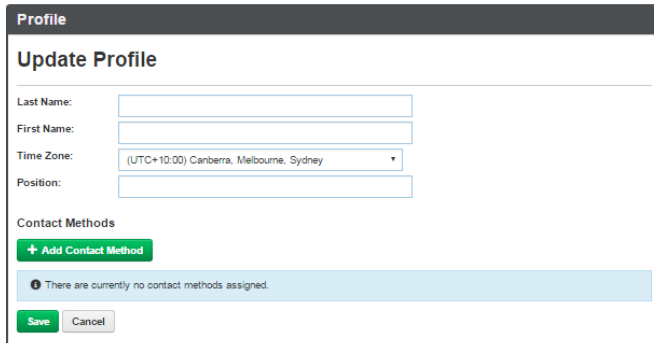
## Update profile

The first time you log on you will be asked to update your profile. To go to your User Profile: Click on your name on the top right of the Navigation bar.



You can change your password from the User Profile: Select **Change Password** and follow steps. Select your time zone - (UTC+10:00) Canberra, Melbourne, Sydney.

You can choose to **Add Contact Method** but this is not required. Click **Save** when finished.

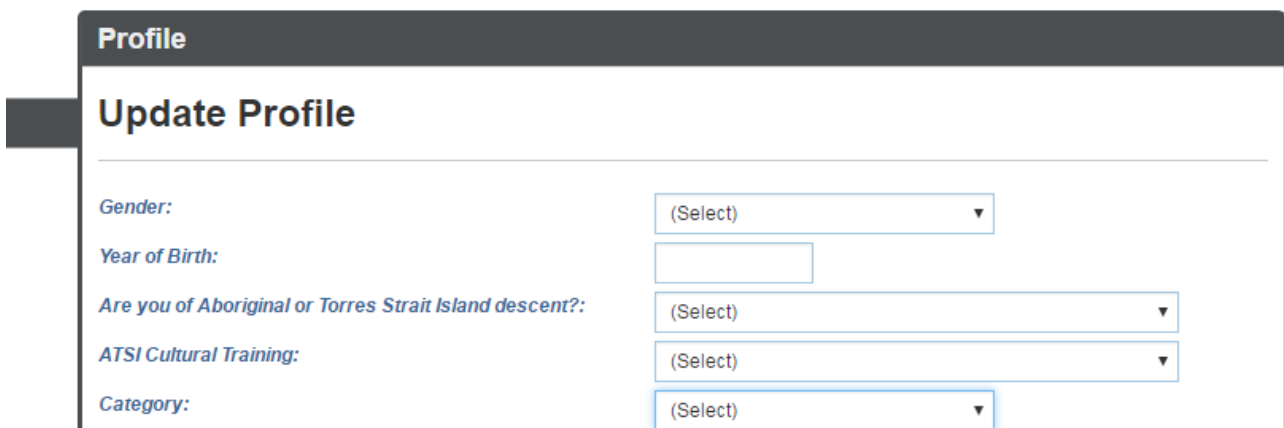
A screenshot of the 'Update Profile' form. It includes input fields for 'Last Name', 'First Name', and 'Position'. A dropdown menu for 'Time Zone' is set to '(UTC+10:00) Canberra, Melbourne, Sydney'. Below these is a 'Contact Methods' section with a '+ Add Contact Method' button and a message: 'There are currently no contact methods assigned.' At the bottom are 'Save' and 'Cancel' buttons.

## Practitioner Profile

The system will request you to update your password with this message when you first log on or on the Dashboard if items are missing.



The Practitioner details in blue below are now mandatory as part of the PMHC-MDS: Gender, Year of Birth, Are you Aboriginal or Torres Strait Islander (ATSI) decent and [ATSI Cultural Training](#). All other items on this screen are no longer required.

A screenshot of the 'Update Profile' form with several fields highlighted in blue italics to indicate they are mandatory. These fields are: 'Gender' (dropdown), 'Year of Birth' (text input), 'Are you of Aboriginal or Torres Strait Island descent?:' (dropdown), 'ATSI Cultural Training:' (dropdown), and 'Category:' (dropdown). Other fields like 'Last Name' and 'First Name' are not highlighted.

The above steps will only be required at your first login. Subsequent logins will take you to your Dashboard.

Note: All items in blue italics are mandatory (PMHC-MDS).

## Registering a client

The module that is used is PMHC CIMS (also written as PMHC Primary Mental Health)

1. Select "Add Referral"
2. Search for client using the blue "Search for Patient" tab before entering any client details.

**Have you searched for an existing patient?**

In order to prevent the creation of duplicate patient records, it is recommended to first check if they already exist in Fixus.

3. If client does not exist, click on the cancel tab and you will be taken back to the New Referral page  
Enter Referral source details (the New MDS should auto select)  
**Referral Source**  
 New MDS  Old MDS
4. Enter the client details including other demographics (the allocated clinician will be prompted to update any blank fields before a session can be entered).
5. Select Program Stream (PTS-General, relevant Specialist or PMHCCC)
6. Select [Principal Focus of Treatment Plan](#)
7. Assign the Team
8. Add support staff. Start typing the clinician/staff name in the "Name" box and select the appropriate person. (you can add more than one support team member). Select Primary Contact
9. Select group type if relevant
10. Select Referral Outcome Type
11. Select Referral Outcome Date
12. Save the referral.

## Demand management and client referrals pending

It is now a requirement to use Fixus to actively manage clients on a waitlist due to service capacity, or where eligibility has not been established. Providers must monitor the waitlist and record on Fixus when clients are actively monitored and managed. Clients are placed on a waitlist by not including a Referral Outcome or Referral Outcome Date. These clients are then viewed by the Agency Administrator in the Cases screen.

### Steps:

During Client registration (In Add Referral)

1. Referral Outcome: (select) instead of the default Eligible (see image)
2. Referral Outcome Date: leave blank.

#### Referral Outcome

**Referral Outcome Type:**

**Referral Outcome Date:**

Clients who are pending can be viewed by Agency Administrators in the Cases search page by selecting Status: Pending.

Waitlists can also be viewed by service Stream (PTS Gen, PMHCCC).

The notes should be used to record activity with the client that demonstrates active waitlist management.



#### Case Search

Client Name:

Referral ID:

Referral received between:

and:

Status:

Program Stream:

### **Principal Focus of Treatment**

This PMHC-MDS item, completed at registration, identifies the main nature of the episode of care. The following description is from PMHC-MDS with some suggested related Murray PHN services.

The range of activities that best describes the overall services intended to be delivered to the client throughout the course of the episode. For most clients, this will equate to the activities that account for most time spent by the service provider.

1: Psychological therapy	PTS General and Specialist (Child Mental Health, Aboriginal and Torres Strait Islander, Suicide Prevention, Perinatal depression).
2: Low intensity psychological intervention	Time-limited, structured psychological interventions that are aimed at providing a less costly intervention alternative to 'standard' psychological therapy.
3: Clinical care coordination	PMHCCC

Once a client has been registered an email is sent by the Fixus system to those allocated to the client (e.g. clinician, administrator, agency manager).

### **Client information, consent and privacy**

#### **Client information and privacy**

Murray PHN respects people's personal information and their right to privacy. Protecting privacy when handling personal information is very important to Murray PHN and is fundamental to the way that we operate. When we collect, or are given personal information, it imposes a serious responsibility upon us to protect that information and maintain the trust that has been given to us.

Through the commissioning of services on behalf of Murray PHN communities, we collect personal information to support patient referral, service planning, and quality improvement. Commissioned Mental Health services, if the client registration is assisted by Murray PHN, provide the client name, demographic data, diagnosis and outcome measures scores. IN this instance service providers are obligated to inform clients and seek consent to share this information with Murray PHN at service commencement.

#### **Client consent**

[Client consent](#) is a PMHC-MDS item that confirms the client's willingness for anonymised data to be sent to the Department of Health. Any records attached to clients who do not provide this consent will still be captured in Fixus but will not be passed to the Department. This consent is different to the consent clients provide to share their information with Murray PHN (where necessary- e.g. if Murray PHN registers a client on a provider's behalf).

## Client list

1. A staff member's client list is the Dashboard. Accessed by clicking the Fixus icon
2. Select Client by clicking on the Edit button.



Name	DOB	Program Stream	Referral Date	First Session Last Session	Sessions	Last assigned
Steven KING	12-Sep-1989	PTS - General	01-Jul-2016		0 / 6	Training Murrayphn
sharon BLOGGS	01-Jan-1980	PTS - General	01-Feb-2017		0 / 6	Training Murrayphn
Roger RAMJET	21-Apr-1999	PTS - General	01-Jul-2016		0 / 6	Training Murrayphn
Jolly ROGER	10-Dec-1985	PTS - General	01-Jul-2016		0 / 6	Training Murrayphn

3. You will be asked to acknowledge case for new clients by clicking on the **Acknowledge case** button.

New case acknowledgement: This case requires acknowledgement. **Acknowledge case**

Optional: This case meets the requirements for Exit. **Proceed to Exit**

4. The Case box will appear with Sessions. The information in the pink box is required before a client session can be recorded. Click on the Referral tab on the left to complete the necessary PMHC-MDS items (identified by blue font).

## Completing PMHC-MDS items

Definitions of many of the PMHC-MDS have been included via the links below. Full details of data and definitions can be found at the [PMHC\\_MDS website](#).

All clients must have PMHC-MDS items completed before the 3<sup>rd</sup> session can be entered.

- [Suicide referral flag](#)
- [Homelessness](#)
- Is the client a participant in the National Disability Insurance Scheme? (Yes, No)
- [Marital status](#)
- [Employment participation](#)
- [Labour force](#)
- [Source of cash income](#)
- [Health care card](#)
- [Medication - Antidepressants \(N06A\)](#)
- [Medication - Antipsychotics \(N05A\)](#)
- [Medication - Anxiolytics \(N05B\)](#)
- [Medication - Hypnotics and sedatives \(N05C\)](#)
- [Medication - Psychostimulants and nootropics \(N06B\)](#)

1. The green box on the client screen provides links to complete client demographics and takes you to the screens to update. Most PMHC-MDS items are now on Referral and Diagnosis
2. All clients must have PMHC-MDS items completed before the 3<sup>rd</sup> session can be entered.

## Diagnosis

1. Click on the Diagnosis tab and select [+ Add Diagnosis](#)

This screen has been adjusted to only include PMHC-MDS items.

The screenshot shows a sidebar menu on the left with options: Details, Consent, Referral, **Diagnosis**, Sessions, Assessments, Referrals Out, Exit, Support Team, Notes, and Documents. The main content area is titled 'Case' and 'Diagnosis'. It features a '+ Add Diagnosis' button, followed by sections for 'PMHC MDS Diagnosis' (with sub-sections for Principal and Additional Diagnosis) and 'PMHC MDS Medication' (with sub-sections for Antipsychotics, Anxiolytics, Hypnotics, Antidepressants, and Psychostimulants). Below these is an 'Original Diagnosis' section with a message: 'There are no Diagnosis found.'

## Validate report for MDS

The screenshot shows a sidebar menu on the left with options: **Details**, Consent, Referral, Diagnosis, Sessions, Assessments, Referrals Out, Exit, Support Team, Notes, and Documents. The main content area is titled 'Case' and 'Details'. It features three buttons: 'Edit Assigned Team', 'Validate Report', and 'Change Program Stream'. Below these are fields for: Coordinating Agency: Murray PHN, Program Stream: PTS - General, Referral ID: 672533, and Case Status: Active. A green box contains a checklist of items to validate: Client (Are client demographics up-to-date? Update them now.), Referral (Are referral MDS fields up-to-date? Update them now.), Diagnosis (Are the diagnosis MDS fields up-to-date? Update them now.), Session (Do you want to add a new session?), and Referral Out (Did you refer the client out to another service or practitioner?). Each item has an 'Update' button, and the Session and Referral Out items have 'Add Session' and 'Add Referral' buttons respectively.

1. Click on Details tab
2. The green box reminds you of items required and takes you to the screens to update.
3. Click on [Validate Report](#) to identify any MDS gaps and validate.



- Missing MDS items will be highlighted. Click on the Blue underlined item and it will take you to the necessary screen to enter the data.

**Case**

The validation of data ensures that data is correct prior to submitting Minimum Data Set reports. Data may also be corrected at later stages.

**Validation Summary**

⚠ One or more validation issues were found for this case. Please review before continuing.

Total Validation Issues: 3

**Validation Details**

Type	Field	Description
Warning	<u>English Level</u>	Missing
Warning	<u>Language</u>	Missing
Error	<u>Patient Postcode</u>	Required

Revalidate Case    Return to Case

- Once all items completed client on
- This confirms that the case has been validated successfully. Click and this screen will close and take you back to the client screen.

**Case**

The validation of data ensures that data is correct prior to submitting Minimum Data Set reports. Data may also be corrected at later stages.

**Validation Summary**

✔ Case validated successfully.

Continue

Note: follow these steps to ensure MDS data is captured and available to report to the Commonwealth. MDS items can be identified by their blue font.

## Entering a session

- From the Case screen select

**Case**

### Sessions

**i** No sessions have been added to this case.

- Complete Date and select clinician, time is not required.
- Complete Status:  
**Attended:** client engaged in the session.  
**Did Not Attended:** Session was booked but client did not show up.  
**Cancelled:** client cancelled with at least 24 hours' notice.
- Payment date is not required or used.

**Session**

### Add Session


Date / Time:

Clinician Name:

Status:

**Payment**

Payment Date:

5. For **Attended** sessions a further screen will appear for details.
6. Date, Status and co-payment will automatically be entered
7. [Participants](#) (click link for definitions)
8. Session Duration
9. [Service Modality](#)
10. [Contact Type](#) (click link for definitions)
11. [Venue](#)
12. [Client Participation Indicator](#)
13. [Location](#): This must be the **suburb** of the contracted location of service (as detailed in your contract) rather than the client or outreach postcode.
14. Other items on this screen are no longer required.
15. Click 

**Session**

### Add Session

<i>Date / Time:</i>	<input type="text" value="14-Jun-2017 12:00 AM"/>
<i>Status:</i>	<input type="text" value="Attended"/>
<i>Co-payment amount:</i> ⓘ	<input type="text" value="\$ 0.00"/>
<i>Participants:</i>	<input type="text" value="(Select)"/>
<i>Session Duration:</i>	<input type="text" value="(Select)"/>
<i>Session Modality:</i>	<input type="text" value="(Select)"/>
<i>Contact Type:</i>	<input type="text" value="(Select)"/>
<i>Venue:</i>	<input type="text" value="(Select)"/>
<i>Client Participation Indicator:</i>	<input type="text" value="(Select)"/>
<i>Final:</i>	<input type="text" value="Further services are planned for the client"/>
<i>Location:</i>	<input type="text" value="Suburb / City"/>
	<input type="text" value="Postcode"/>


### Entering Outcome Measures


At a minimum, an [Outcome Measure](#) is required at both Episode Start and Episode End ([collection occasion](#)), but may be more frequent if clinically indicated and agreed by the client. The measures that must be collected will be the Kessler Psychological Distress Scale K10+ (in the case of Aboriginal and Torres Strait Islander clients, the K5) or the [Strengths & Difficulties Questionnaires \(SDQ\)](#) (for children under 17 years old). Providers may choose to employ other clinically relevant outcome measures in addition to those stated, however outcome measures beyond the K10+, K5 and SDQ will not be required to be reported.

1. Select Assessments and then 

**Case**

**Assessments**



 There are no assessments.

2. The Assessment date, Assessor and occasion are required (Kessler 10+ is used as an example here). Complete all questions  and click

**Session**

## Kessler 10

- Assessor is required.
- Occasion is required.

Client name:	Joe BLOGGS	Occasion:	<input type="text" value="(Select)"/>
DOB:	01-Nov-1972	Assessment Date:	<input type="text" value="25-Nov-2016"/>
Sex:	Male	Assessor:	<input type="text" value="(Select)"/>

---


### Questions


1)	In the last four weeks, about how often did you feel tired out for no good reason?	<input type="text" value="(Select)"/>
2)	In the last four weeks, about how often did you feel nervous?	<input type="text" value="(Select)"/>
3)	In the last four weeks, about how often did you feel so nervous that nothing could calm you down?	<input type="text" value="(Select)"/>
4)	In the last four weeks, about how often did you feel hopeless?	<input type="text" value="(Select)"/>
5)	In the last four weeks, about how often did you feel restless or fidgety?	<input type="text" value="(Select)"/>
6)	In the last four weeks, about how often did you feel so restless you could not sit still?	<input type="text" value="(Select)"/>
7)	In the last four weeks, about how often did you feel depressed?	<input type="text" value="(Select)"/>
8)	In the last four weeks, about how often did you feel that everything was an effort?	<input type="text" value="(Select)"/>
9)	In the last four weeks, about how often did you feel so sad that nothing could cheer you up?	<input type="text" value="(Select)"/>
10)	In the last four weeks, about how often did you feel worthless?	<input type="text" value="(Select)"/>
<b>Total</b>		<b>0</b>

Fixus Technologies has obtained permission from the author to produce this implementation of the Kessler 10 assessment tool. In no way is our implementation of this copyright protected assessment tool attempting to change or enhance the original work, other than to streamline the information collection process.

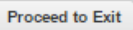
Copyright © 1992 Professor Kessler and Professor Mroczek.

## Closing a client

1. A client that no longer requires the service should be closed by clicking on the  in the client screen.
2. Clients who have not received a service within 3 months should be closed.

**Jill BLOGGS** 

<b>Client</b>	Gender: Female	Date of Birth: 09-Nov-1989	Address: 3550	<b>No Active Alerts</b>
<b>Case</b>	<b>Active</b>	Referral Date: 25-Nov-2016	Referral ID: 672533	Program Stream: PTS - General

Optional: This case meets the requirements for Exit. 

3. Any missing PMHC-MDS will be required before a client can be closed.

**Case**

### Exit Information

You must review and complete the following details before Exit:

- A Diagnosis must be completed
- Outcome Measures for exit have not been entered since the last session

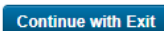
4. A Discharge [Outcome Measure](#) is required before a client can be discharged. For clients who are closed administratively an option to Bypass the outcome measures is possible.
5. The Exit date and Conclusion ([Completion status](#)) should be completed.

**Case**

### Exit Information

- Outcome Measures for exit have not been entered since the last session

**Reason for Bypass:**

Client disengaged and did not attend a final scheduled session 



Unable to complete outcome measure due to clinical reasons apparent during session

**Case**

### Exit Information

Exit Date:

Conclusion:

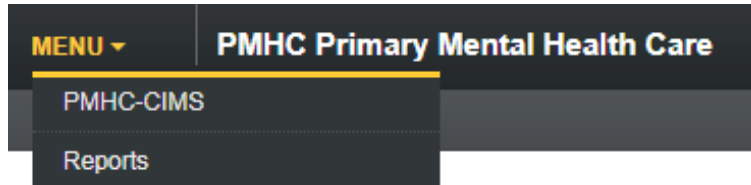
- (Select)
- Episode closed - treatment concluded
- Episode closed administratively - client could not be contacted
- Episode closed administratively - client declined further contact
- Episode closed administratively - client moved out of area
- Episode closed administratively - client referred elsewhere
- Episode closed administratively - other reason


6. The case will now show closed on the client screen. Click Exit.

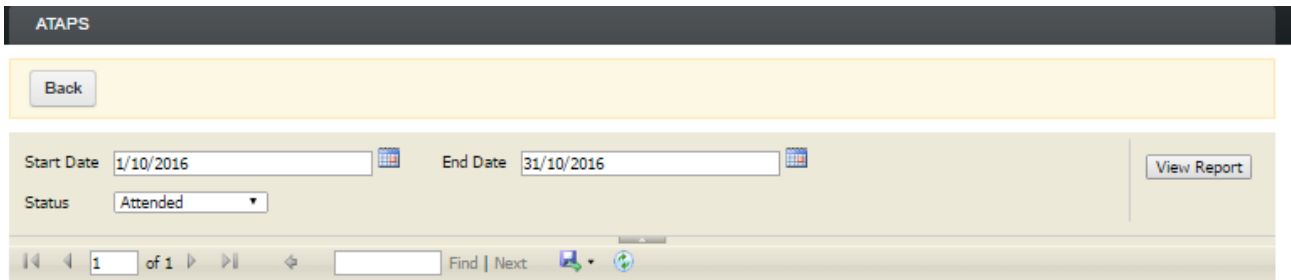
## Opening a new service for a closed client

If a former (closed) client requires further support a new registration form should be faxed to Murray PHN. This client will then be registered with a new episode of service and made active on the system.

## Clinician reports



1. Select Reports from the Fixus Menu
2. Choose Clinician and Sessions
3. Select your date range. A separate report will be required for Attended, Did not attend and Cancelled.
4. Click View Report.
5. This report can also be exported by clicking on the export  button.

A screenshot of a web application interface. At the top, there is a dark grey bar with the text 'ATAPS'. Below this, there is a light yellow bar with a 'Back' button. The main area is a light grey form with fields for 'Start Date' (1/10/2016), 'End Date' (31/10/2016), and 'Status' (Attended). There is a 'View Report' button on the right. At the bottom, there is a navigation bar with '1 of 1' and 'Find | Next'.

### Sessions with a status of **attended**

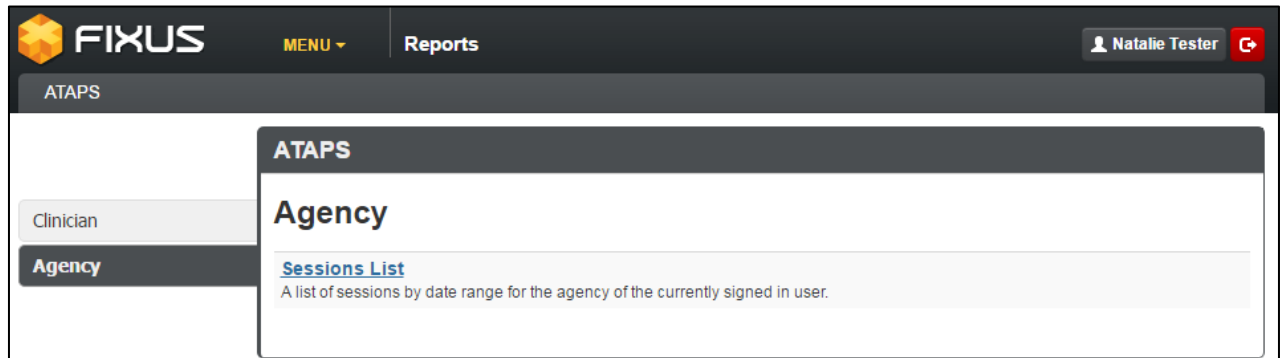
Report period: 01 October 2016 to 31 October 2016

Clinician	Program Stream	Client Name	Referral Id	Session No	Date	Type	Duration	Mod
-----------	----------------	-------------	-------------	------------	------	------	----------	-----

*Report can be exported in a number of formats including Excel, Word and PDF*

## Agency reports

For a case allocator, you can also view sessions based on the staff members from the Agency tab (only visible to Case allocators).



1. Set Date Range
2. Choose one or more or all Staff Members
3. Choose session Status (Attended/Cancelled/No Show)
4. Click View report

This screenshot shows the filter options for generating a report. It includes fields for 'Start Date' (1/01/2018) and 'End Date' (31/01/2018), both with calendar icons. There are dropdown menus for 'Agency Staff Member', 'Status' (set to 'Attended'), 'Show Client Name' (set to 'No'), and 'Group' (set to 'No Selection'). A 'View Report' button is located on the right side. At the bottom, there is a pagination bar showing '1 of 1' and a search bar with 'Find | Next' options.

### Sessions List with a status of attended

Report period: 01 January 2018 to 31 January 2018

Clinician	Program Stream	Assigned Team	Client Postcode	Birth Date	Gender	Indigenous Status	Country of Birth	Main Language	Referral Id	Referral Postcode	Session No	Session Postcod
-----------	----------------	---------------	-----------------	------------	--------	-------------------	------------------	---------------	-------------	-------------------	------------	-----------------

Report can be exported in a number of formats including Excel, Word and PDF

## Fault resolution process

In the event of a systems fault or concern please contact your Integrated Care Consultant who will establish the nature of the issue and where necessary forward the issue to the Murray PHN Fixus Administrator at the Corporate office.

## Additional Fixus functions

Other functions that you may like to use are available in Fixus but are not a requirement of Murray PHN reporting include:

- Notes
- Documents
- Referrals Out. Referral out can be used to record who you refer clients to, but is not required for reporting by Murray PHN

## PMHC-MDS Data definitions

Further descriptions are available at [www.pmhc-mds.com](http://www.pmhc-mds.com).

### ***Practitioner - ATSI Cultural Training***

Indicates whether a practitioner has completed a recognised training programme in the delivery of culturally safe services to Aboriginal and Torres Strait Islander peoples.

1 - Yes

The practitioner has:

- undertaken specific training in the delivery of culturally appropriate mental health /health services for Aboriginal and Torres Strait Islander peoples. As a guide, recognised training programs include those endorsed by the Australian Indigenous Psychologists' Association (AIPA) or similar organisation; or
- undertaken local cultural awareness training in the community in which they are practising, as delivered or endorsed by the elders of that community or the local Aboriginal Community Controlled Health Service.

2 - No

The practitioner has not met the requirements stated above.

3 - Not required

This option is reserved only for practitioners who are of Aboriginal and Torres Strait Islander descent, or employed by an Aboriginal Community Controlled Health Service.

4 - Missing/Not recorded

This is a system code for missing data and not a valid response option for practitioners.

[Back to User Guide steps](#)

## Client and Episode definitions

### ***Client consent***

An indication that the client has consented to their anonymised data being provided to the Department of Health for statistical purposes in planning and improving mental health services

1 - Yes

The client has consented to their anonymised data being provided to the Department of Health for statistical purposes in planning and improving mental health services. The client's data will be included in reports and extracts accessible by the Department of Health.

2 - No

The client has not consented to their anonymised data being provided to the Department of Health for statistical purposes in planning and improving mental health services. The client's data will be excluded from reports and extracts accessible by the Department of Health.

[Back to User guide steps](#)

### ***Suicide Referral Flag***

Identifies those individuals where a recent history of suicide attempt, or suicide risk, was a factor noted in the referral that underpinned the person's needs for assistance at entry to the episode, as represented by a code.

[Back to User guide steps](#)

### **Employment Participation**

Whether a person in paid employment is employed full-time or part-time, as represented by a code. Applies only to people whose labour force status is employed. (See metadata item Labour Force Status, for a definition of 'employed'). Paid employment includes persons who performed some work for wages or salary, in cash or in kind, and persons temporarily absent from a paid employment job but who retained a formal attachment to that job.

1 - Full-time

Employed persons are working full-time if they: (a) usually work 35 hours or more in a week (in all paid jobs) or (b) although usually working less than 35 hours a week, actually worked 35 hours or more during the reference period.

2 - Part-time

Employed persons are working part-time if they usually work less than 35 hours a week (in all paid jobs) and either did so during the reference period, or were not at work in the reference period.

3- Not applicable - not in the labour force

[Back to User guide steps](#)

### **Health Care Card**

An indication of whether the person is a current holder of a Health Care Card that entitles them to array of concessions for Government funded health services.

1 - Yes

2 - No

3 - Not Known

Details on the Australian Government Health Care Card are available at:

[humanservices.gov.au/customer/services/centrelink/health-care-card](http://humanservices.gov.au/customer/services/centrelink/health-care-card)

[Back to User guide steps](#)

### **Homelessness**

An indication of whether the client has been homeless in the 4 weeks prior to the current service episode.

1 - Sleeping rough or in non-conventional accommodation

Includes sleeping on the streets, in a park, in cars or railway carriages, under bridges or other similar 'rough' accommodation.

2 - Short-term or emergency accommodation

Includes sleeping in short-term accommodation, emergency accommodation, due to a lack of other options. This may include refuges; crisis shelters; couch surfing; living temporarily with friends and relatives; insecure accommodation on a short-term basis; emergency accommodation arranged in hotels, motels etc. by a specialist homelessness agency.

3 - Not homeless

Includes sleeping in own accommodation/rental accommodation or living with friends or relatives on a stable, long term basis.

Select the code that best fits the client's sleeping arrangements over the preceding 4 weeks. Where multiple options apply (e.g. client has experienced more than one of the sleeping arrangements over the previous 4 weeks) the following coding hierarchy should be followed:

- If code 1 applied at any time over the 4-week period, code 1
- If code 2 but not code 1 applied at any time over the 4-week period, code 2
- Otherwise Code 3 applies.

[Back to User guide steps](#)



## ***Labour Force Status***

The self-reported status the person currently has in being either in the labour force (employed/unemployed) or not in the labour force, as represented by a code.

### **1 - Employed**

Employed persons are those aged 15 years and over who met one of the following criteria during the reference week:

- Worked for one hour or more for pay, profit, commission or payment in kind, in a job or business or on a farm (employees and owner managers of incorporated or unincorporated enterprises).
- Worked for one hour or more without pay in a family business or on a farm (contributing family workers).
- Were employees who had a job but were not at work and were:
  - away from work for less than four weeks up to the end of the reference week; or
  - away from work for more than four weeks up to the end of the reference week and received pay for some or all of the four-week period to the end of the reference week; or
  - away from work as a standard work or shift arrangement; or
  - on strike or locked out; or
  - on workers' compensation and expected to return to their job.
  - Were owner managers who had a job, business or farm, but were not at work.

### **2 - Unemployed**

Unemployed persons are those aged 15 years and over who were not employed during the reference week, and:

- had actively looked for full time or part time work at any time in the four weeks up to the end of the reference week and were available for work in the reference week; or
- were waiting to start a new job within four weeks from the end of the reference week and could have started in the reference week if the job had been available then.

Actively looked for work includes:

- written, telephoned or applied to an employer for work;
- had an interview with an employer for work;
- answered an advertisement for a job;
- checked or registered with a Job Services Australia provider or any other employment agency;
- taken steps to purchase or start your own business;
- advertised or tendered for work; and
- contacted friends or relatives in order to obtain work.

### **3 - Not in the labour force**

Persons not in the labour force are those aged 15 years and over who were not in the categories employed or unemployed, as defined, during the reference week. They include people who undertook unpaid household duties or other voluntary work only, were retired, voluntarily inactive and those permanently unable to work.

[Back to User guide steps](#)

### ***Marital Status***

A person's current relationship status in terms of a couple relationship or, for those not in a couple relationship, the existence of a current or previous registered marriage, as represented by a code.

- 1 - Never married
- 2 - Widowed

This code usually refers to registered marriages but when self-reported may also refer to de facto marriages.

- 3 - Divorced
- 4 - Separated

This code refers to registered marriages but when self-reported may also refer to de facto marriages.

- 5 - Married (registered and de facto)

Includes people who have been divorced or widowed but have since re-married, and should be generally accepted as applicable to all de facto couples, including of the same sex.

[Back to User guide steps](#)

### ***Medication - Antidepressants (N06A)***

Whether the client is taking prescribed antidepressants for a mental health condition as assessed at intake assessment, as represented by a code.

- 1 - Yes
- 2 - No
- 9 - Unknown

The N06A class of drugs a therapeutic subgroup of the Anatomical Therapeutic Chemical Classification System, a system of alphanumeric codes developed by the World Health Organisation (WHO) for the classification of drugs and other medical products. It covers drugs designed for the depressive disorders.

Details of drugs included in the category can be found at: [whocc.no/atc\\_ddd\\_index/?code=N06A](http://whocc.no/atc_ddd_index/?code=N06A)

[Back to User Guide steps](#)

### ***Medication - Antipsychotics (N05A)***

Whether the client is taking prescribed antipsychotics for a mental health condition as assessed at intake assessment, as represented by a code.

- 1 - Yes
- 2 - No
- 9 - Unknown

The N05A class of drugs a therapeutic subgroup of the Anatomical Therapeutic Chemical Classification System, a system of alphanumeric codes developed by the World Health Organisation (WHO) for the classification of drugs and other medical products. It covers drugs designed for the treatment of psychotic disorders.

Details of drugs included in the category can be found at: [whocc.no/atc\\_ddd\\_index/?code=N05A](http://whocc.no/atc_ddd_index/?code=N05A)

[Back to User Guide steps](#)

### ***Medication - Anxiolytics (N05B)***

Whether the client is taking prescribed anxiolytics for a mental health condition as assessed at intake assessment, as represented by a code.

- 1 - Yes
- 2 - No
- 9 - Unknown

The N05B class of drugs a therapeutic subgroup of the Anatomical Therapeutic Chemical Classification System, a system of alphanumeric codes developed by the World Health Organisation (WHO) for the classification of drugs and other medical products. It covers drugs designed for the treatment of disorders associated with anxiety and tension.

Details of drugs included in the category can be found at: [whoocc.no/atc\\_ddd\\_index/?code=N05B](http://whoocc.no/atc_ddd_index/?code=N05B)  
[Back to User Guide steps](#)

### ***Medication - Hypnotics and sedatives (N05C)***

Whether the client is taking prescribed hypnotics and sedatives for a mental health condition as assessed at intake assessment, as represented by a code.

- 1 - Yes
- 2 - No
- 9 - Unknown

The N05C class of drugs a therapeutic subgroup of the Anatomical Therapeutic Chemical Classification System, a system of alphanumeric codes developed by the World Health Organisation (WHO) for the classification of drugs and other medical products. It covers drugs designed to have mainly sedative or hypnotic actions. Hypnotic drugs are used to induce sleep and treat severe insomnia. Sedative drugs are prescribed to reduce excitability or anxiety.

Details of drugs included in the category can be found at: [whoocc.no/atc\\_ddd\\_index/?code=N05C](http://whoocc.no/atc_ddd_index/?code=N05C)  
[Back to User Guide steps](#)

### ***Medication - Psychostimulants and nootropics (N06B)***

Whether the client is taking prescribed psychostimulants and nootropics for a mental health condition as assessed at intake assessment, as represented by a code.

- 1 - Yes
- 2 - No
- 9 - Unknown

The N06B class of drugs a therapeutic subgroup of the Anatomical Therapeutic Chemical Classification System, a system of alphanumeric codes developed by the World Health Organisation (WHO) for the classification of drugs and other medical products. It covers drugs designed to attention-deficit hyperactivity disorder (ADHD) and to improve impaired cognitive abilities.

Details of drugs included in the category can be found at: [whoocc.no/atc\\_ddd\\_index/?code=N06B](http://whoocc.no/atc_ddd_index/?code=N06B)  
[Back to User Guide steps](#)

### **Source of Cash Income**

The source from which a person derives the greatest proportion of his/her income, as represented by a code.

- 0: N/A - Client aged less than 16 years
- 1: Disability Support Pension
- 2: Other pension or benefit (not superannuation)
- 3: Paid employment
- 4: Compensation payments
- 5: Other (e.g. superannuation, investments etc.)
- 6: Nil income
- 7: Not known

This data standard is not applicable to person's aged less than 16 years.

This item refers to the source by which a person derives most (equal to or greater than 50%) of his/her income. If the person has multiple sources of income and none are equal to or greater than 50%, the one which contributes the largest percentage should be counted.

This item refers to a person's own main source of income, not that of a partner or of other household members. If it is difficult to determine a 'main source of income' over the reporting period (i.e. it may vary over time) please report the main source of income during the reference week.

Code 7 'Not known' should only be recorded when it has not been possible for the service user or their carer/family/advocate to provide the information (i.e. they have been asked but do not know).

[Back to User Guide steps](#)

### **Principal Focus of Treatment**

Episode - Principal Focus of Treatment Plan

The range of activities that best describes the overall services intended to be delivered to the client throughout the course of the episode. For most clients, this will equate to the activities that account for most time spent by the service provider.

- 1: Psychological therapy
- 2: Low intensity psychological intervention
- 3: Clinical care coordination
- 4: Complex care package
- 5: Child and youth-specific mental health services
- 6: Indigenous-specific mental health services
- 7: Other

Describes the main focus of the services to be delivered to the client for the current Episode of Care, selected from a defined list of categories.

Service providers are required to report on the 'Principal Focus of Treatment Plan' for all accepted referrals. This requires a judgement to be made about the main focus of the services to be delivered to the client for the current Episode of Care, made following initial assessment and modifiable at a later stage. It is chosen from a defined list of categories, with the provider required to select the category that best fits the treatment plan designed for the client.

Principal Focus of Treatment Plan is necessarily a judgement made by the provider at the outset of service delivery but consistent with good practice, should be made on the basis of a treatment plan developed in collaboration with the client. It should not be confused with Service Type which is collected at each Service Contact.

### 1 - Psychological therapy

The treatment plan for the client is primarily based around the delivery of psychological therapy by one or more mental health professionals. This category most closely matches the type of services delivered under the previous ATAPS program where up to 12 individual treatment sessions, and 18 in exceptional circumstances, could be provided. These sessions could be supplemented by up to 10 group-based sessions.

The concept of 'mental health professionals' has a specific meaning defined in the various guidance documentation prepared to support PHNs in implementation of reforms. It refers to service providers who meet the requirements for registration, credentialing or recognition as a qualified mental health professional and includes:

- Psychiatrists
- Registered Psychologists
- Clinical Psychologists
- Mental Health Nurses;
- Occupational Therapists;
- Social Workers
- Aboriginal and Torres Strait Islander health workers.

### 2 - Low intensity psychological intervention

The treatment plan for the client is primarily based around delivery of time-limited, structured psychological interventions that are aimed at providing a less costly intervention alternative to 'standard' psychological therapy. The essence of low intensity interventions is that they utilise nil or relatively little qualified mental health professional time and are targeted at people with, or at risk of, mild mental illness. Low intensity episodes can be delivered through a range of mechanisms including:

- use of individuals with appropriate competencies but who do not meet the requirements for registration, credentialing or recognition as a mental health professional;
- delivery of services principally through group-based programs; and
- delivery of brief or low-cost forms of treatment by mental health professionals.

### 3 - Clinical care coordination

The treatment plan for the client is primarily based around delivery of a range of services where the overarching aim is to coordinate and better integrate care for the individual across multiple providers with the aim of improving clinical outcomes. Consultation and liaison may occur with primary health care providers, acute health, emergency services, rehabilitation and support services or other agencies that have some level of responsibility for the client's clinical outcomes. These clinical care coordination and liaison activities are expected to account for a significant proportion of service contacts delivered throughout these episodes.

Activities focused on working in partnership and liaison with other health care and service providers and other individuals to coordinate and integrate service delivery to the client with the aim of improving their clinical outcomes. Consultation and liaison may occur with primary health care providers, acute health, emergency services, rehabilitation and support services, family, friends, other support people and carers and other agencies that have some level of responsibility for the client's treatment and/or well-being.

#### 4 - Complex Care Package

The treatment plan for the client is primarily based around the delivery of an individually tailored 'package' of services for a client with severe and complex mental illness who is being managed principally within a primary care setting. The overarching requirement is that the client receives an individually tailored 'package' of services that bundles a range of services that extends beyond 'standard' service delivery and which is funded through innovative, non-standard funding models.

Note: As outlined in the relevant guidance documentation, only three selected PHN Lead Sites with responsibilities for trialling work in this area are expected to deliver complex care packages. A wider roll-out may be undertaken in the future pending results of the trial.

#### 5 - Child and youth-specific mental health services

The treatment plan for the client is primarily based around the delivery of a range of services for children (0-11 years) or youth (aged 12-24 years) who present with a mental illness, or are at risk of mental illness. These episodes are characterised by services that are designed specifically for children and young people, include a broader range of both clinical and non-clinical services and may include a significant component of clinical care coordination and liaison. Child and youth-specific mental health episodes have substantial flexibility in types of services actually delivered.

#### 6 - Indigenous-specific services

The treatment plan for the client is primarily based around delivery of mental health services that are specifically designed to provide culturally appropriate services for Aboriginal and Torres Strait Islander peoples.

#### 7 - Other

The treatment plan for the client is primarily based around services that cannot be described by other categories. [Back to User Guide steps](#)

### ***Episode - Completion Status***

An indication of the completion status of an Episode of Care.

#### 1 - Episode closed - treatment concluded

No further service contacts are planned as the client no longer requires treatment.

#### 2 - Episode closed administratively - client could not be contacted

Further service contacts were planned but the client could no longer be contacted.

#### 3 - Episode closed administratively - client declined further contact

Further service contacts were planned but the client declined further treatment.

#### 4 - Episode closed administratively - client moved out of area

Further service contacts were planned but the client moved out of the area without a referral elsewhere. Where a client was referred somewhere else Episode Completion Status should be recorded as code 5 (Episode closed administratively - client referred elsewhere).

#### 5 - Episode closed administratively - client referred elsewhere

Where a client still requires treatment, but a different service has been deemed appropriate or a client has moved out of the area so has moved to a different provider.

#### 6 - Episode closed administratively - other reason

Where a client is no longer being given treatment but the reason for conclusion is not covered above.

[Back to User Guide steps](#)

## Service Contact definitions

### Service Modality

How the service contact was delivered, as represented by a code.

1 - Face to Face

If 'Face to Face' is selected, a value other than 'Not applicable' must be selected for Service Contact Venue

If 'Face to Face' is selected a valid Australian postcode must be entered for Service Contact Suburb (Postcode).

2 – Telephone

3 – Video

4 – Internet-based

[Back to User Guide steps](#)

### Service Contact Participants

An indication of who participated in the Service Contact.

1 - Individual: code applies for Service Contacts delivered individually to a single client without third party participants.

2 - Client group: code applies for Service Contacts delivered on a group basis to two or more clients.

3 - Family/Client Support Network: code applies to Service Contacts delivered to the family/social support persons of the client, with or without the participation of the client.

4 - Other health professional or service provider that involve another health professional or service provider (in addition to the Practitioner), with or without the participation of the client.

5 - Other: code applies to Service Contacts delivered to other third parties (e.g. teachers, employer), with or without the participation of the client.

Note that this item interacts with Service Contact - Client Participation Indicator which is used to denote whether the individual client was a participant in the Service Contact.

[Back to User Guide steps](#)

### Service Contact Type

The main type of service provided in the service contact, as represented by the service type that accounted for most provider time. Describes the main type of service delivered in the contact, selected from a defined list of categories. Where more than service type was provided select that which accounted for most provider time. Service providers are required to report on Service Type for all Service Contacts

- 0: No contact took place
- 1: Assessment
- 2: Structured psychological intervention
- 3: Other psychological intervention
- 4: Clinical care coordination/liaison
- 5: Clinical nursing services
- 6: Child or youth specific assistance NEC
- 7: Suicide prevention specific assistance NEC
- 8: Cultural specific assistance NEC



## 1 - Assessment

Determination of a person's mental health status and need for mental health services, made by a suitably trained mental health professional, based on the collection and evaluation of data obtained through interview and observation, of a person's history and presenting problem(s). Assessment may include consultation with the person's family and concludes with formation of problems/issues, documentation of a preliminary diagnosis, and a treatment plan.

## 2 - Structured psychological intervention

Those interventions which include a structured interaction between a client and a service provider using a recognised, psychological method, for example, cognitive behavioural techniques, family therapy or psycho education counselling. These are recognised, structured or published techniques for the treatment of mental ill-health. Structured psychological interventions are designed to alleviate psychological distress or emotional disturbance, change maladaptive behaviour and foster mental health. Structured psychological therapies can be delivered on either an individual or group basis, typically in an office or community setting. They may be delivered by trained mental health professionals or other individuals with appropriate competencies but who do not meet the requirements for registration, credentialing or recognition as a mental health professional. Structured Psychological Therapies include but are not limited to:

- Psycho-education (including motivational interviewing)
- Cognitive-behavioural therapies
- Relaxation strategies
- Skills training
- Interpersonal therapy

## 3 - Other psychological intervention

Psychological interventions that do meet criteria for structured psychological intervention.

## 4 - Clinical care coordination/liaison

Activities focused on working in partnership and liaison with other health care and service providers and other individuals to coordinate and integrate service delivery to the client with the aim of improving their clinical outcomes. Consultation and liaison may occur with primary health care providers, acute health, emergency services, rehabilitation and support services, family, friends, other support people and carers and other agencies that have some level of responsibility for the client's treatment and/or wellbeing.

## 5 - Clinical nursing services

Services delivered by mental health nurses that cannot be described elsewhere. Typically, these aim to provide clinical support to clients to effectively manage their symptoms and avoid unnecessary hospitalisation. Clinical nursing services include:

- monitoring a client's mental state;
- liaising closely with family and carers as appropriate;
- administering and monitoring compliance with medication;
- providing information on physical health care, as required and, where appropriate, assist in addressing the physical health inequities of people with mental illness; and
- improving links to other health professionals/clinical service providers.



## 6 - Child or youth-specific assistance NEC

Services delivered to, or on behalf, of a child or young person that cannot be described elsewhere. These can include, for example, working with a child's teacher to provide advice on assisting the child in their educational environment; working with a young person's employer to assist the young person to their work environment.

Note: This code should only be used for Service Contacts that cannot be described by any other Service Type. It is expected that the majority of Service Contacts delivered to children and young people can be assigned to other categories.

## 7 - Suicide prevention specific assistance NEC

Services delivered to, or on behalf, of a client who presents with risk of suicide that cannot be described elsewhere. These can include, for example, working with the person's employers to advise on changes in the workplace; working with a young person's teacher to assist the child in their school environment; or working with relevant community-based groups to assist the client to participate in their activities.

Note: This code should only be used for Service Contacts that cannot be described by any other Service Type. It is expected that the majority of Service Contacts delivered to client's who have a risk of suicide can be assigned to other categories.

## 8 - Cultural specific assistance NEC

Culturally appropriate services delivered to, or on behalf, of an Aboriginal or Torres Strait Islander client that cannot be described elsewhere. These can include, for example, working with the client's community support network including family and carers, men's and women's groups, traditional healers, interpreters and social and emotional wellbeing counsellors.

Note: This code should only be used for Service Contacts that cannot be described by any other Service Type. It is expected that the majority of Service Contacts (see domains below) delivered to Aboriginal or Torres Strait Islander clients can be assigned to other categories.

[Back to User Guide steps](#)

### Service Venue

Where the service contact was delivered, as represented by a code.

- 1: Client's Home
- 2: Service provider's office
- 3: GP Practice
- 4: Other medical practice
- 5: Headspace Centre
- 6: Other primary care setting
- 7: Public or private hospital
- 8: Aged care centre
- 9: School or other educational centre
- 10: Client's Workplace
- 11: Other
- 98: Not applicable (Service Contact Modality is not face to face)

Note that 'Other primary care setting' is suitable for primary care settings such as community health centres.

[Back to User Guide steps](#)

### ***Client Participation Indicator***

An indicator of whether the client participated in the service contact, as represented by a code. Service contacts are not restricted to in-person communication but can include telephone, video link or other forms of direct communication.

1 - Yes

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

2 - No

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

[Back to User Guide steps](#)

### ***Postcode***

The Australian postcode where the service contact took place. Murray PHN requires clinicians to enter the Suburb and this generates the postcode as required for PMHC-MDS.

A valid Australian postcode or 9999 if the postcode is unknown.

If Service Contact Modality is not 'Face to Face' enter 9999 (this is automated by Fixus)

If Service Contact Modality is 'Face to Face' a valid Australian postcode must be entered.

[Back to User Guide steps](#)

### ***Outcome measures***

A Collection Occasion is defined as an occasion during an Episode of Care when the required outcome measure is to be collected. At a minimum, collection of outcome data is required at both Episode Start and Episode End, but may be more frequent if clinically indicated and agreed by the client.

The measures that must be collected will be the Kessler Psychological Distress Scale K10+ (in the case of Aboriginal and Torres Strait Islander clients, the K5) or the Strengths & Difficulties Questionnaires (SDQ) (for children under 17 years old). Providers may choose to employ other clinically relevant outcome measures in addition to those stated, however outcome measures beyond the K10+, K5 and SDQ will not be required to be reported.

[Back to User Guide steps](#)

### ***Collection Occasion - Reason***

The reason for the collection of the outcome measures on the identified Outcome Collection Occasion.

#### 1 - Episode start

Refers to an outcome measure undertaken at the beginning of an Episode of Care. For the purposes of the PMHC MDS protocol, episodes may start at the point of first Service Contact with a new client who has not been seen previously by the organisation, or a first contact for a new Episode of Care for a client who has received services from the organisation in a previous Episode of Care that has been completed.

#### 2 - Review

Refers to an outcome measure undertaken during the course of an Episode of Care that post-dates Episode Start and pre-dates Episode End. An outcome measure may be undertaken at Review for a number of reasons including:

- in response to critical clinical events or changes in the client's mental health status;
- following a client-requested review; or
- other situations where a review may be indicated.

#### 3 - Episode end

Refers to the outcome measures collected at the end of an Episode of Care.

[Back to User Guide steps](#)

### ***SDQ Collection Occasion - Version***

The version of the SDQ collected.

PC101:	Parent Report Measure 4-10 yrs, Baseline version, Australian Version 1
PC201:	Parent Report Measure 4-10 yrs, Follow Up version, Australian Version 1
PY101:	Parent Report Measure 11-17 yrs, Baseline version, Australian Version 1
PY201:	Parent Report Measure 11-17 yrs, Follow Up version, Australian Version 1
YR101:	Self report Version, 11-17 years, Baseline version, Australian Version 1
YR201:	Self report Version, 11-17 years, Follow Up version, Australian Version 1

Domain values align with those collected in the NOCC dataset as defined at:

[webval.validator.com.au/spec/NOCC/current/SDQ/SDQVer](http://webval.validator.com.au/spec/NOCC/current/SDQ/SDQVer)

[Back to User guide steps](#)