Document Control
Version Number: 4.0.2
Version Date: 25/04/2018
Status: Draft

Mental Health Services Data Set (MHSDS) v4.0 – Data Model

NHS Digital

MHS702 Care Programme Approach Review

FK1	**Care Programme Approach Care Episode Identifier** **Care Programme Approach Review Date** Care Programme Approach Review Abuse Question Asked Indicator Care Professional Local Identifier

MHS701 Care Programme Approach (CPA) Care Episode

PK	**Care Programme Approach Care Episode Identifier**
FK1	**Local Patient Identifier (Extended)** **Start Date (Care Programme Approach Care)** End Date (Care Programme Approach Care)

MHS002 GP Practice Registration

FK1	**Local Patient Identifier (Extended)** **General Medical Practice Code (Patient Registration)** Start Date (GMP Patient Registration) End Date (GMP Patient Registration) Organisation Identifier (GP Practice Responsibility)

MHS003 Accommodation Status

FK1	**Local Patient Identifier (Extended)** **Accommodation Status Code** Settled Accommodation Indicator Accommodation Status Recorded Date Secure Childrens Home Placement Type

MHS004 Employment Status

FK1	**Local Patient Identifier (Extended)** **Employment Status** Employment Status Recorded Date Weekly Hours Worked

MHS402 Mental Health Responsible Clinician Assignment

FK1	**Mental Health Act Legal Status Classification Assignment Period Identifier** **Start Date (Mental Health Responsible Clinician Assignment Period)** **Care Professional Local Identifier** End Date (Mental Health Responsible Clinician Assignment Period)

MHS403 Conditional Discharge

FK1	**Mental Health Act Legal Status Classification Assignment Period Identifier** **Start Date (Mental Health Conditional Discharge)** End Date (Mental Health Conditional Discharge) Mental Health Conditional Discharge End Reason Mental Health Absolute Discharge Responsibility

MHS000 MHSDS Header

	Data Set Version Number **Organisation Identifier (Code of Provider)** **Organisation Identifier (Code of Submitting Organisation)** **Primary Data Collection System In Use** **Reporting Period Start Date** **Reporting Period End Date** **Date and Time Data Set Created**

MHS005 Patient Indicators

FK1	**Local Patient Identifier (Extended)** Constant Supervision and Care Required Due to Disability Indicator Parenting Responsibilities Indicator Young Carer Indicator Looked After Child Indicator Child Protection Plan Indication Code Ex-British Armed Forces Indicator Offence History Indication Code Prodrome Psychosis Date Emergent Psychosis Date Manifest Psychosis Date First Prescription Date (Anti-Psychotic Medication) Psychosis First Treatment Start Date

MHS001 Master Patient Index

PK	**Local Patient Identifier (Extended)**
	Organisation Identifier (Local Patient Identifier) Organisation Identifier (Residence Responsibility) Organisation Identifier (Educational Establishment) NHS Number NHS Number Status Indicator Code Overseas Visitor Charging Category Person Birth Date Postcode of Usual Address Person Stated Gender Code Person Marital Status Ethnic Category Language Code (Preferred) Person Death Date

MHS401 Mental Health Act Legal Status Classification Period

PK	**Mental Health Act Legal Status Classification Assignment Period Identifier**
FK1	**Local Patient Identifier (Extended)** **Start Date (Mental Health Act Legal Status Classification Assignment Period)** **Start Time (Mental Health Act Legal Status Classification Assignment Period)** Mental Health Act Legal Status Classification Assignment Period Start Reason Expiry Date (Mental Health Act Legal Status Classification) Expiry Time (Mental Health Act Legal Status Classification) End Date (Mental Health Act Legal Status Classification Assignment Period) End Time (Mental Health Act Legal Status Classification Assignment Period) Mental Health Act Legal Status Classification Assignment Period End Reason Mental Health Act Legal Status Classification Code Mental Health Act 2007 Mental Category

MHS404 Community Treatment Order

FK1	**Mental Health Act Legal Status Classification Assignment Period Identifier** **Start Date (Community Treatment Order)** Expiry Date (Community Treatment Order) End Date (Community Treatment Order) Community Treatment Order End Reason

MHS901 Staff Details

PK	**Care Professional Local Identifier**
	Professional Registration Body Code Professional Registration Entry Identifier Care Professional Staff Group (Mental Health) Main Speciality Code (Mental Health) Occupation Code Care Professional (Job Role Code)

MHS006 Mental Health Care Coordinator

FK1	**Local Patient Identifier (Extended)** **Start Date (Mental Health Care Coordinator Assignment Period)** Care Professional Local Identifier End Date (Mental Health Care Coordinator Assignment Period) Care Professional Service Or Team Type Association (Mental Health)

MHS801 Clustering Tool Assessment

PK	**Clustering Tool Assessment Identifier**
FK1	**Local Patient Identifier (Extended)** **Clustering Tool Assessment Category** **Assessment Tool Completion Date** Assessment Tool Completion Time Clustering Tool Assessment Reason Mental Health Care Cluster Super Class Code Adult Mental Health Care Cluster Code (Initial) Learning Disabilities Care Cluster Code (Initial) Forensic Learning Disabilities Care Cluster Code (Initial)

MHS405 Community Treatment Order Recall

FK1	**Mental Health Act Legal Status Classification Assignment Period Identifier** **Start Date (Community Treatment Order Recall)** **Start Time (Community Treatment Order Recall)** End Date (Community Treatment Order Recall) End Time (Community Treatment Order Recall)

MHS804 Five Forensic Pathways

FK2	**Local Patient Identifier (Extended)** **Five Forensic Pathways Assessment Date** Five Forensic Pathways Assessment Reason **Five Forensic Pathways Code**

MHS803 Care Cluster

FK1	**Clustering Tool Assessment Identifier** **Start Date (Care Cluster Assignment Period)** Start Time (Care Cluster Assignment Period) Adult Mental Health Care Cluster Code (Final) Child and Adolescent Mental Health Needs Based Grouping Code Learning Disabilities Care Cluster Code (Final) Forensic Mental Health Care Cluster Code (Final) Forensic Learning Disabilities Care Cluster Code (Final) End Date (Care Cluster Assignment Period) End Time (Care Cluster Assignment Period)

MHS011 Social and Personal Circumstances

FK1	**Local Patient Identifier (Extended)** Social and Personal Circumstance (SNOMED CT) Social and Personal Circumstance Recorded Date

MHS007 Disability Type

FK1	**Local Patient Identifier (Extended)** **Disability Code** Disability Impact Perception

MHS008 Care Plan Type

PK	**Care Plan Identifier**
FK1	**Local Patient Identifier (Extended)** **Care Plan Type (Mental Health)** **Care Plan Creation Date** Care Plan Creation Time Care Plan Last Updated Date Care Plan Last Updated Time Care Plan Implementation Date

MHS601 Medical History (Previous Diagnosis)

FK1	**Local Patient Identifier (Extended)** **Diagnosis Scheme in Use** **Previous Diagnosis (Coded Clinical Entry)** Diagnosis Date

MHS802 Coded Scored Assessment (Clustering Tool)

FK1	**Clustering Tool Assessment Identifier** **Coded Assessment Tool Type (SNOMED CT)** **Person Score**

MHS504 Mental Health Delayed Discharge

FK1	**Hospital Provider Spell Number** **Start Date (Mental Health Delayed Discharge Period)** End Date (Mental Health Delayed Discharge Period) Mental Health Delayed Discharge Reason Mental Health Delayed Discharge Attributable To Indication Code Organisation Identifier (Responsible Local Authority Mental Health Delayed Discharge)

MHS010 Assistive Technology To Support Disability Type

FK1	**Local Patient Identifier (Extended)** **Assistive Technology Finding (SNOMED CT)** Prescription Date (Assistive Technology)

MHS009 Care Plan Agreement

FK1	**Care Plan Identifier** **Care Plan Agreed By** Care Plan Agreed Date Care Plan Agreed Time

MHS603 Provisional Diagnosis

FK1	**Service Request Identifier** **Diagnosis Scheme in Use** **Provisional Diagnosis (Coded Clinical Entry)** Provisional Diagnosis Date

MHS604 Primary Diagnosis

FK1	**Service Request Identifier** **Diagnosis Scheme in Use** **Primary Diagnosis (Coded Clinical Entry)** Diagnosis Date

MHS605 Secondary Diagnosis

FK1	**Service Request Identifier** **Diagnosis Scheme in Use** **Secondary Diagnosis (Coded Clinical Entry)** Diagnosis Date

MHS301 Group Session

PK	**Group Session Identifier**
	Group Session Date **Organisation Identifier (Code of Commissioner)** Clinical Contact Duration of Group Session Group Session Type (Mental Health) Number of Group Session Participants Activity Location Type Code Organisation Site Identifier (Of Treatment) Care Professional Local Identifier Service or Team Type Referred To (Mental Health) NHS Service Agreement Line Number

MHS503 Assigned Care Professional

FK1	**Hospital Provider Spell Number** **Care Professional Local Identifier** **Start Date (Care Professional Admitted Care Episode)** End Date (Care Professional Admitted Care Episode) Treatment Function Code (Mental Health)

MHS513 Substance Misuse

FK1	**Ward Stay Identifier** **Observation Date (Substance Misuse Evidence)**

MHS512 Hospital Spell Commissioner

FK1	**Hospital Provider Spell Number** **Organisation Identifier (Code of Commissioner)** **Start Date (Commissioner Assignment Period)** End Date (Commissioner Assignment Period)

MHS606 Coded Scored Assessment (Referral)

FK1	**Service Request Identifier** **Coded Assessment Tool Type (SNOMED CT)** **Person Score** **Assessment Tool Completion Date** Care Professional Local Identifier

MHS505 Restrictive Intervention

FK1	**Ward Stay Identifier** **Start Date (Restrictive Intervention)** Start Time (Restrictive Intervention) Restrictive Intervention Type End Date (Restrictive Intervention) End Time (Restrictive Intervention) Restraint Level Restrictive Intervention Patient Injury Indicator Restrictive Intervention Staff Injury Indicator Restrictive Intervention Other Injury Indicator Restrictive Intervention Debrief Held Indicator

MHS502 Ward Stay

PK	**Ward Stay Identifier**
FK1	**Hospital Provider Spell Number** **Start Date (Ward Stay)** Start Time (Ward Stay) End Date (Mental Health Trial Leave) End Date (Ward Stay) End Time (Ward Stay) Organisation Site Identifier (Of Treatment) Ward Setting Type (Mental Health) Intended Age Group (Mental Health) Sex of Patients Code Intended Clinical Care Intensity Code (Mental Health) Ward Security Level Locked Ward Indicator Hospital Bed Type (Mental Health) Specialised Mental Health Service Category Code Ward Code

MHS501 Hospital Provider Spell

PK	**Hospital Provider Spell Number**
FK1	**Service Request Identifier** **Start Date (Hospital Provider Spell)** Start Time (Hospital Provider Spell) Source of Admission Code (Hospital Provider Spell) Admission Method Code (Hospital Provider Spell) Postcode of Main Visitor Estimated Discharge Date (Hospital Provider Spell Planned Discharge Date (Hospital Provider Spell) Planned Discharge Destination Code (Hospital Provider Spell) Discharge Date (Hospital Provider Spell) Discharge Time (Hospital Provider Spell) Discharge Method Code (Hospital Provider Spell) Discharge Destination Code (Hospital Provider Spell) Postcode Of Discharge Destination (Hospital Provider Spell)

MHS101 Service or Team Referral

PK	**Service Request Identifier**
FK1	**Local Patient Identifier (Extended)** **Organisation Identifier (Code of Commissioner)** **Referral Request Received Date** Referral Request Received Time NHS Service Agreement Line Number Specialised Mental Health Service Category Code Source of Referral for Mental Health Organisation Identifier (Referring) Referring Care Professional Staff Group (Mental Health and Community Care) Clinical Response Priority Type Primary Reason for Referral (Mental Health) Reason for Out of Area Referral (Adult Acute Mental Health) Discharge Plan Creation Date Discharge Plan Creation Time Discharge Plan Last Updated Date Discharge Plan Last Updated Time Service Discharge Date Service Discharge Time Discharge Letter Issued Date (Mental Health and Community Care)

MHS201 Care Contact

PK	**Care Contact Identifier**
FK1	**Service Request Identifier** Care Professional Team Local Identifier **Care Contact Date** Care Contact Time Organisation Identifier (Code of Commissioner) Administrative Category Code Specialised Mental Health Service Category Code Clinical Contact Duration of Care Contact Consultation Type Care Contact Subject Consultation Medium Used Activity Location Type Code Place of Safety Indicator Organisation Site Identifier (Of Treatment) Group Therapy Indicator Attended or Did Not Attend Code Earliest Reasonable Offer Date Earliest Clinically Appropriate Date Care Contact Cancellation Date Care Contact Cancellation Reason Replacement Appointment Date Offered Replacement Appointment Booked Date

MHS608 Anonymous Self-Assessment

	Assessment Tool Completion Date **Coded Assessment Tool Type (SNOMED CT)** **Person Score** Activity Location Type Code Organisation Identifier (Code of Commissioner)

MHS506 Assault

FK1	**Ward Stay Identifier** **Date of Assault on Patient**

MHS202 Care Activity

PK	**Care Activity Identifier**
FK1	**Care Contact Identifier** Care Professional Local Identifier Clinical Contact Duration of Care Activity Coded Procedure and Procedure Status (SNOMED CT) Finding Scheme in Use Coded Finding (Coded Clinical Entry) Observation Scheme in Use Coded Observation (Clinical Terminology) Observation Value UCUM Unit of Measurement

MHS204 Indirect Activity

FK1	**Service Request Identifier** Care Professional Team Local Identifier **Indirect Activity Date** Indirect Activity Time Duration of Indirect Activity Organisation Identifier (Code of Commissioner) Care Professional Local Identifier Coded Procedure and Procedure Status (SNOMED CT) Finding Scheme In Use Coded Finding (Coded Clinical Entry)

MHS507 Self-Harm

FK1	**Ward Stay Identifier** **Date of Self-Harm**

MHS607 Coded Scored Assessment (Care Activity)

FK1	**Care Activity Identifier** **Coded Assessment Tool Type (SNOMED CT)** **Person Score**

MHS514 Mental Health Trial Leave

FK1	**Ward Stay Identifier** **Start Date (Mental Health Trial Leave)** Start Time (Mental Health Trial Leave) End Date (Mental Health Trial Leave) End Time (Mental Health Trial Leave)

MHS106 Discharge Plan Agreement

FK2	**Service Request Identifier** **Discharge Plan Agreed By** Discharge Plan Agreed Date Discharge Plan Agreed Time

MHS203 Other in Attendance

FK1	**Care Contact Identifier** **Other Person in Attendance at Care Contact**

MHS102 Service or Team Type Referred To

FK1	Care Professional Team Local Identifier **Service Request Identifier** **Service or Team Type Referred To (Mental Health)** Child and Adolescent Mental Health Tier Of Service Referral Closure Date Referral Closure Time Referral Rejection Date Referral Rejection Time Referral Closure Reason Referral Rejection Reason

MHS104 Referral To Treatment

FK1	**Service Request Identifier** Patient Pathway Identifier Organisation Identifier (Patient Pathway Identifier Issuer) **Waiting Time Measurement Type** Referral To Treatment Period Start Date Referral To Treatment Period End Date Referral To Treatment Period Status

MHS509 Home Leave

FK1	**Ward Stay Identifier** **Start Date (Home Leave)** Start Time (Home Leave) End Date (Home Leave) End Time (Home Leave)

MHS510 Mental Health Leave of Absence

FK1	**Ward Stay Identifier** **Start Date (Mental Health Leave of Absence)** Start Time (Mental Health Leave of Absence) End Date (Mental Health Leave of Absence) End Time (Mental Health Leave of Absence) Mental Health Leave of Absence End Reason Escorted Mental Health Leave of Absence Indicator

MHS511 Mental Health Absence Without Leave

FK1	**Ward Stay Identifier** **Start Date (Mental Health Absence Without Leave)** Start Time (Mental Health Absence Without Leave) End Date (Mental Health Absence Without Leave) End Time (Mental Health Absence Without Leave) Mental Health Absence Without Leave End Reason

MHS103 Other Reason For Referral

FK1	**Service Request Identifier** **Other Reason for Referral (Mental Health)**

MHS105 Onward Referral

FK1	**Service Request Identifier** Decision to Refer Date (Onward Referral) Decision to Refer Time (Onward Referral) **Onward Referral Date** Onward Referral Time Onward Referral Reason Referred Out of Area Reason (Adult Acute Mental Health) Organisation Identifier (Receiving)

COLOUR KEY

- Patient Details
- Referrals
- Care Contact and Activities
- Group Sessions
- Care Clusters
- Clinical Coded Terminology
- Hospital Provider Spells
- MHA Legal Status Classification Period
- Care Programme Approach (CPA) Episodes
- Header and Reference Data