PART C
DATA CAPTURE AND REPORTING SPECIFICATIONS

(REVISED JANUARY 2022)

Leadership   Collaboration   Knowledge   Innovation   Accountability

About these guidelines

This document provides guidance for health services commissioned by Murray PHN to meet their contractual obligations regarding data capture and reporting. It provides an overview, outlines the specific requirements and guidance regarding the collection and delivery of data for the following data sets:

- Primary Mental Health Care Minimum Data Set (PMHC MDS)
- Your Experience of Service (YES) survey
- Recovery Assessment Scale - Domains and Stages (RAS-DS)
- Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS NMDS)
- Victorian Alcohol and Drug Collection (VADC).

This document is not intended to replace the specifications for each of the specified data sets, but instead complement the existing documentation and highlight critical or Murray PHN specific elements.

These guidelines have been informed by feedback and ongoing collaboration with commissioned health services, consumers and other partners of Murray PHN and guidance from the Commonwealth Government of Australia. It must be read in conjunction with Part A - Program Guidelines and Part B – Specific Program Information relevant to each service stream.

This is a 'live' document and will be held under review for the full period in which the services are commissioned by Murray PHN. For further information or clarification about any information outlined this document, please contact:

Mental Health and AOD team

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Murray PHN acknowledges the Traditional Owners of the land on which we work and live. We recognise, celebrate and respect Aboriginal and Torres Strait Islander people as the First Australians.

We acknowledge their unique cultural and spiritual relationships to the land and waters, as we strive for healing, equality and safety in health care.

We pay our respects to their elders past, present and emerging, and extend that respect to all First Nations peoples.

Part C: Data and reporting specifications contents

Version	Document Title	Date released	Prepared by	Approved
3	Murray PHN Primary Mental Health Program Guidelines	June 2019	A Bonsey	P Wilkinson
4	Murray PHN Part C - Data Capture And Reporting Specifications	September 2020	J Rasmussen	E Reid
5	Murray PHN Part C - Data Capture And Reporting Specifications	January 2022	S Green	I Johansen

1. Introduction

PHNs (Primary Health Networks) have been funded by the Commonwealth Government to provide primary mental health, psychosocial and alcohol and other drug treatment services. To support this work, we use a range of data sourced from our commissioned service providers, in conjunction with other population health data sets.

It is important that the data sets used are accurate, standardised and current. This document aims to provide guidance on the collection of data to meet these requirements.

2. What do we do with the data?

Murray PHN uses the data collected for a variety of purposes, including meeting our obligations to provide data to the Department of Health (the Department) on our commissioned programs, which includes reporting on the performance of these commissioned services.

We also use this information to report to the community about the trends and needs identified in delivering these services. You can find these reports on the Murray PHN website: murrayphn.org.au

In addition, as a commissioning body, we also use the data provided to monitor service activity and performance against identified indicators. These reports are used to support discussions between Murray PHN and the commissioned service provider.

Finally, we also use the collected information to support service design and planning. While the task of collecting data can be time consuming and onerous, it's vitally important that good quality and meaningful data is available as evidence to support future planning.

Murray PHN is continually evolving in its use and analysis of mental health, psychosocial and alcohol and other drug treatment services and will continue working with commissioned service providers on ways this can develop further.

3. Client Information Management Systems

The privacy of clients is of utmost importance and it is imperative that all commissioned service providers collect, use, store and share client information that meets privacy and security regulations (see section 4 Privacy).

Therefore, all client information management systems must enable the secure capture and storage of client information, compliant to Australian regulatory provisions relating to privacy and health records.

All commissioned service providers must hold evidence that informed consent or otherwise has been provided by the client to share deidentified client information. See Section 4.8.2 Client Consent for further information.

Murray PHN maintains a client information management system (CIMS), called FIXUS, that some commissioned service providers use to supply the PMHC MDS. A user guide to support the use of this system can be found at: murrayphn.org.au/primary-mental-health-services

Organisations can use their own CIMS, provided it meets the privacy and security regulations and has the provision for delivering the PMHC MDS.

4. Privacy

Service providers must ensure the protection of personal information through compliance with the Privacy Act, the Health Records Act, the privacy Principals established under those Acts, and any applicable Law relating to privacy, as outlined in the Murray PHN contract terms and conditions.

Further information regarding privacy can be found at the Office of the Australian Information Commissioner website which contains detailed information regarding privacy, including e-training modules.

5. Primary Mental Health Care Minimum Data Set (PMHC MDS)

5.1. Introduction

The PMHC MDS is designed to capture data on PHN-commissioned mental health services delivered to individual clients, including group-based delivery.

PHNs require a range of data to fund service providers, monitor overall regional service provision and plan future service improvements. These are all core functions of PHNs and require that PHNs collect and analyse data on what services are delivered, by whom, to what clients, at what costs and with what outcomes. Without data, PHNs cannot undertake these functions.

Provision of information to the Department of Health is necessary for government to undertake its role in funding, monitoring and planning future national service delivery.

5.2. Key concepts

The PMHC MDS has been designed to answer the important question: "Who receives what services, delivered by whom, at what cost, and with what effect?". This information is collected at different levels, ranging from the individual to the organisation providing the service. The table below shows this in more detail.

Question	What data informs this question	Where is this data collected?
Who receives	Demographic and clinical characteristics of clients, collected at episode level by service providers.	Both the Client and Episode file contain information regarding the individual who received the service.
What services	Range of data collected by service provider for each individual service event e.g. date and type of service, duration.	Every record in the Service Contact file provides the details on the type and duration of service provided.
From whom	Service provider and organisation characteristics.	Both the Organisation and Practitioner file provide the details on who provided the service.
At what cost	Cost data to be derived from annual financial statements maintained by PHN.	Using the information within the PMHC MDS, Murray PHN can calculate the cost per service using overall funding amounts.
With what effect	Client outcome data using standard instruments.	Comparison between outcome measurements taken at intake and exit can indicate the effectiveness of a service.

The Figure 1 on page 6, shows a simplified version of how the different files connect to create the PMHC MDS data model. Each file contains a field that links one file to another. For example, the client file contains a client key field that is also contained in the Episode file. It is extremely important that all these files join correctly, otherwise the information is unable to be used.

The full listing of the attributes and their respective codes contained in each file is included in Appendix 2. Furthermore, each of these files is discussed in further detail, highlighting key fields or important concepts.

Figure 1. A simplified version of how the different files connect to create the PMHC MDS data model
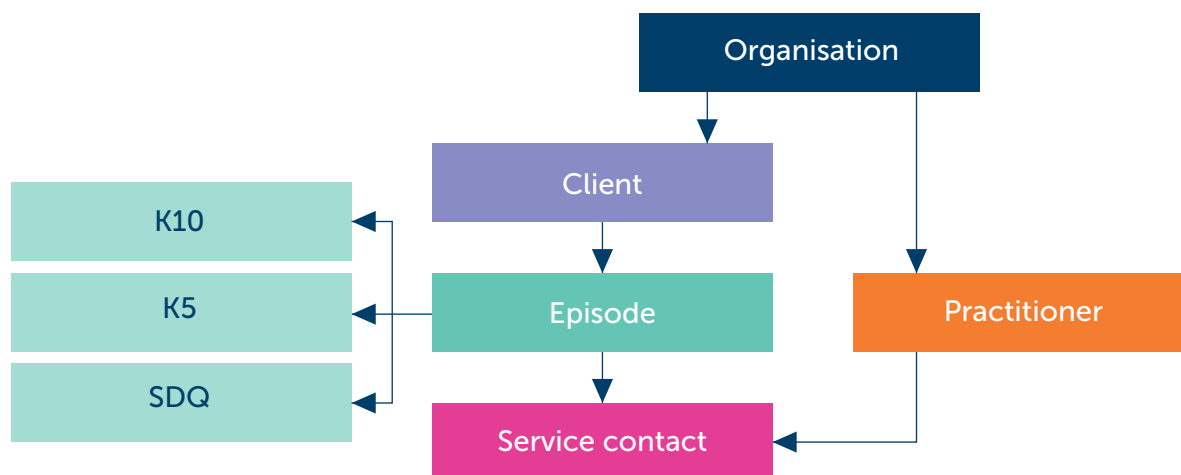
5.3. Specifications

The full set of specifications for the PMHC MDS can be found at: docs.pmhc-mds.com/

The current version of the PMHC MDS is version 2. All providers should be capturing data in accordance with this version from 1 July 2020.

5.4. Data templates

Sample files that show the PMHS MDS structure can be downloaded from: docs.pmhc-mds.com/projects/data-specification/en/v2/data-model-and-specifications.html#download-specification-files

For organisations who are upgrading their systems to deliver the PMHC MDS, it is a good idea to have a look at the sample files beforehand to see how the data should appear on extraction.

5.5. Validation

PMHC MDS data delivered to Murray PHN will undergo two validation processes:

• Validation against the PMHC MDS specification
• Validation against these guidelines.

Feedback on data that does not meet either process will be provided and may require resubmission.

5.6. Delivery schedule

The PMHC MDS is required to be delivered monthly and **must be provided to Murray PHN by the 7th day of the following month**. For example, all data pertaining to services provided in April must be submitted by 7 May.

For providers who use the Murray PHN FIXUS system, all data must be entered in the system by the same date as above. Data that is entered after that date, is at-risk of not being extracted and would not appear in any reports showing services provided. Furthermore, any data that is entered for past months will not be extracted as Murray PHN only extracts the latest months activity from FIXUS. Therefore, **it is extremely important that providers keep their records in FIXUS up-to-date**. Should providers discover that there is missing information for past months in FIXUS, then they will need to notify Murray PHN to discuss a process to submit this information.

5.7. Activity and performance reports

As Murray PHN has an obligation to report activity, it is extremely important that service providers capture information that is accurate, consistent and provided in a timely manner.

Some examples of the use of the PMHC MDS will include:

• Monthly service activity reports detailing number of clients, episodes and services contacts

• Measurement against key performance indicators

• Analysis of service provision, including modality and service contacts provided through outreach

• Data quality reports identifying the number of records with missing information, including client outcomes

• Comparison with other providers on key components, such as the average number of sessions provided, outcomes etc.

Given that the PMHC MDS is the key source of information for these reports, organisations should:

1. Read these guidelines and familiarise themselves with the requirements
2. Capture the information in accordance with these specifications, using the quick reference guide (Appendix 1) to ensure that the data is recorded correctly
3. Deliver the data in accordance with the delivery schedule and using the delivery method outlined in Section 10
4. Contact Murray PHN if they have any questions or concerns regarding the PMHC MDS.

5.8. Data concepts and terminology

Some of the main terms and fields within the PMHC MDS are outlined below, however, it is not a complete list of all available fields. Appendix 2 provides a complete list of all the attributes and valid codes contained in the PMHC MDS.

5.8.1. Client

The PMHC MDS has the provision to capture basic demographic information on the person who has received a service. Murray PHN and the Department of Health use this information in service planning and modelling. All information provided to Murray PHN and the Department of Health is **deidentified** and with client consent.

As Murray PHN uses this information to build a profile of the clients who use our commissioned services, we will be reviewing the information collected for each client and will be providing feedback on the outcomes of this activity. Service providers should try to collect as much information on the client and avoid using the missing/not known option where possible.

Client Key

This field should contain a unique code that will allow the provider to identify the client. Murray PHN will use this key to reference errors that may appear in the client's information. For example, client ABC123 is missing a date-of-birth.

Statistical Linkage Key (SLK)

The SLK is a unique identifier for an individual that allows multiple episodes of care (and service contacts) to be associated with an individual, without the need to identify that person. This allows Murray

PHN and the Department of Health to analyse the client journey and pathways in the stepped care model.

The SLK is generated using the client name, date of birth and gender to create a unique 14-character alphanumeric code. This can be generated at: pmhc-mds.net/#/slk

5.8.2. Client consent

In order to comply with the Commonwealth Privacy Act 1988, the Privacy Amendment (Private Sector) Act 2000 and associated Australian Privacy Principals, the client must provide consent to their data being provided to both:

• Murray PHN; then optionally
• the Australian Government Department of Health, supplied by PHNs.

Note that all data supplied to Murray PHN and the Department of Health will be anonymised, which means that the data will not include identifying information, such as an individual's name, address or Medicare number.

Client consent for data supply to the Department is recorded in the PMHC MDS. Any records attached to clients who do not provide consent will not be passed to the Department.

It is the service provider's responsibility to ensure that consent has been obtained from the client to share data with Murray PHN and also the Department of Health.

Suggested wording for obtaining consent and informing clients

The following is an example to obtain consent to share information with the Department of Health (noting that an additional consent would be required to share with the PHN):

"I consent to my information being provided by Murray PHN to the Department of Health to be used for statistical and evaluation purposes designed to improve mental health services in Australia. I understand that this will include details about me such as date of birth, gender and types of services I use but will not include my name, address or Medicare number. I understand that my information will not be provided to the Department of Health if I do not give my consent."

5.8.3. Episode of care

A central feature of the PMHC MDS design is that the unit of service delivery is the episode of care. Episodes, in turn, comprise a series of one or more service contacts.

For the purposes of the PMHC MDS, an episode of care is defined as a more or less continuous period of contact between a PHN-commissioned service provider organisation and a client that starts at the point of first contact and concludes at discharge.

Principal focus of treatment

All episodes of care will need to be grouped into one of six high-level categories based on the type of care to be provided (referred to as 'principal focus of treatment plan') that align with the PHN service delivery priorities for mental health that have been set by government.

The section 'Murray PHN specific information' or the 'Quick reference guide' outlines which category should be used for services provided for Murray PHN.

Category	Main feature(s) of treatment plan primarily involves the delivery of
Psychological therapy	Psychological therapy by one or more mental health professionals.
Low intensity psychological intervention	Time-limited, structured psychological interventions that aim to provide a less costly intervention alternative to 'standard' psychological therapy.
Clinical care coordination	A range of services aimed at coordinating and better integrating care for the individual across multiple providers in order to improve clinical outcomes.
Complex care package	An individually tailored 'package' of services for a client with a severe and complex mental illness who is being managed principally within a primary care setting. **Note: this is not a valid option for Murray PHN services**
Child and youth-specific mental health services	A range of services for children (0-11 years) or youth (aged 12-24 years) who present with, or are at-risk of developing, a mental illness.
Indigenous-specific mental health services	Mental health services that are specifically designed to be culturally appropriate for Aboriginal and Torres Strait Islander people.
Other	Services that cannot be described by the above categories.
Psychosocial supports	Psychosocial support services.

Tags

The PMHC MDS contains the ability to add tags (identifying words) to all files. This allows for additional information to be collected that can't be shown elsewhere. The Department has reserved tags to be used to identify specific record types in the Primary Mental Health Care Minimum Data Set (PMHC MDS).

Tags beginning with an exclamation mark (!) are reserved for future use by the Department.

Recently, the Department implemented the use of the Episode tag !br20 to identify services funded by the Australian Government Mental Health Response to Bushfire Trauma.

5.8.4. Suicide referral flag

The field 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. It is a requirement that individuals who are identified with a yes on this field, **must have a service contact provided within 7 days of the referral date**. The service contact must meet the criteria outlined in Section 1.5 Service Contact. Contacting the client to book an appointment or other administrative task would not count as a service contact.

As this requirement is listed as a performance indicator, Murray PHN will be analysing the PMHC MDS to monitor and report this activity to service providers.

5.8.5. Service contact

Service contacts represent the basic unit for counting and describing activities in the PMHC MDS.

A 'service contact' is defined as an interaction between you (the service provider) and either the client or a third party (e.g. carer, family member, other professional/service provider) which is:

- Relevant to the clinical condition of the client (i.e., non-administrative in nature);
- Involves direct communication irrespective of whether occurring face-to-face, by telephone, internet, video link etc.; and
- Would normally warrant a dated entry in the clinical record of the client.

In addition to basic details about each service contact (e.g. date, duration, location, client out-of-pocket costs etc.), you will need to collect information about the type of services delivered in order to enable a description of the mix of services provided (within and across episodes of care).

Service type categories

The PMHC MDS will require you to report on the main service delivered (based on the activity that accounted for most of your time) at **each service contact** from the list on page 10. Classifying an episode of care into a 'principal focus of treatment plan' category does not restrict what is recorded at each service contact.

Category	Description
Assessment	Determination of a person's mental health status and need for mental health services, made by suitably trained mental health professional, based on collection and evaluation of data obtained through interview and observation, of the person's history and presenting problem(s).
Structured psychological intervention	Psychological interventions which include structured interaction between you and client using recognised, psychological methods. Can be delivered to either an individual client or group of clients, typically in an office or community setting.
Other psychological intervention	Psychological interventions that do not meet criteria for structured psychological intervention.
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.
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.
Child or youth specific assistance - not elsewhere classified (NEC)	Services delivered to, or on behalf of, a child or young person that cannot be described elsewhere. 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.
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. 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 clients who have a risk of suicide can be assigned to other categories.
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. Note: This code should only be used for Service Contacts that cannot be described by any other Service Type. It is expected that many Service Contacts delivered to Aboriginal or Torres Strait Islander clients can be assigned to other categories.

Service contact modality categories

Each contact with a client that meets the requirements of a service contact (see above) will require the modality to be specified.

Category	Description
No contact took place	The client did not show for a planned service contact.
Face-to-face	The service contact with the client (or third party such as a carer, family member or other professional) was undertaken in person.
Telephone	The service contact with the client (or third party such as a carer, family member or other professional) was undertaken via telephone.
Video	The service contact with the client (or third party such as a carer, family member or other professional) was undertaken using video.
Internet-based	The service contact with the client (or third party such as a carer, family member or other professional) was undertaken using an internet-based function, which could include email, text or webchat functions.

5.8.6. Organisation

All data within the PMHC MDS is linked to the organisation who provided the service. Murray PHN uses this information to monitor service activity for each provider.

Each organisation is provided with a unique code by Murray PHN. Note that this is unique to each PHN, so for organisations who provide a service for multiple PHNs, you will have multiple organisation codes.

For organisations who use the Murray PHN FIXUS system, this information is managed by Murray PHN.

For organisations who supply Murray PHN with the PMHC MDS, your code is provided by Murray PHN. This code does not change, so if you have already received your code, you will not need to request it again.

5.8.7. Practitioner

The PMHC MDS collects information on the practitioner who provides the service. This information is used by Murray PHN and the Department of Health for a variety of purposes, including workforce planning. Therefore, it is important that this information is accurate. Murray PHN will be reviewing the practitioner information collected for each organisation and will be providing feedback on the outcomes of this activity.

Practitioner category

In most cases, Practitioner Category will be determined by the training and qualifications of the practitioner. However, in some instances, a practitioner may be employed in a capacity that does not necessarily reflect their formal qualifications. For example, a person with a social work qualification may be employed primarily as a peer support worker on the basis of their lived experience of a mental illness. In such instances, the practitioner should be classified as a peer support worker.

ATSI cultural training

The ATSI Cultural Training field applies to practitioners who are either:

- Not of Aboriginal or Torres Strait Islander status; or
- Are not employed by an Aboriginal Community Controlled Health Service.

Practitioners who are of Aboriginal and Torres Strait Islander descent, or employed by an Aboriginal Community Controlled Health Service, can select the 'Not Required' option.

A practitioner is deemed to have completed a recognised training course if they have;

- Undertaken specific training in the delivery of culturally appropriate mental health/health services for Aboriginal and Torres Strait Islander people. 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.

5.8.8. Client outcomes

The PMHC MDS has the provision for the capture of three outcome measures; the Kessler Psychological Distress Scale K10+ (K10) and in the case of Aboriginal and Torres Strait Islander clients, the K5 and the Strengths and Difficulties Questionnaires (SDQ).

- For adults (18+ years) - Kessler Psychological Distress Scale K10+ is the prescribed measure, with the option to use the K5 for Aboriginal and Torres Strait Islander people if that is considered more appropriate.
- For children and young people (up to and including 17 years) - the Strengths and Difficulties Questionnaires (SDQ) is the prescribed tool. The specified versions include the parent-report for 4-10 years and 11-17 years; and the self-report for 11-17 years.

Please note: For adolescents, clinician-discretion is allowed, and that the K10+ or K5 may be used, even though the person is under 18 years.

For providers delivering Psychological Therapies, either the general or specialist streams or the Clinical Care Coordination (CCC) program, outcome measures **should at a minimum be collected at the start and the end of an episode of care**.

For providers delivering Psychosocial Recovery Services (PRS), it is acknowledged that the three available outcomes measures are clinical tools that do not measure a client's psychosocial needs. Therefore, the K10, K5 and SDQ can be used in this program, but it is not mandated. Murray PHN has specified that organisations delivering the PRS program must instead use the RAS-DS. More information on this tool can be found in Section 7.

5.9. Murray PHN specific information

While the PMHC MDS provides multiple options to select from, some will be invalid depending upon the service provided. This section provides guidance on some of the key fields within the PMHC MDS as they relate to Murray PHN commissioned services.

5.9.1. Psychological Therapy Services (PTS) – all program streams

All episodes of care delivered under the PTS program, regardless of whether it is the general or specialist stream, need to be captured with a Principal Focus of Treatment of 1, Psychological therapy.

The specific nature of work undertaken with a client in each service contact can be specified within the service contact type field. For example, a service contact that is primarily focused on assessing the client, would be captured as 1, Assessment. It would be anticipated that the majority of service contacts undertaken within the PTS programs would be classified as a Type 1, 2 or 3, but the other options are also valid.

Murray PHN program: Psychological Therapy Services (PTS)		
Attribute	**Value**	**Comments**
Principal Focus of Treatment	1: Psychological therapy	This is the only valid option for PTS.
Date of birth	All dates are valid	Will be used to identify the PTS Child service (children 13 years and under).
Suicide referral flag (see the section Episode for further information)	1: Yes 2: No 9: Unknown	If Yes is used a service contact must take place within 7 days of the referral date. Note that all episodes which are provided by the PTS SP service should be coded with Yes.
Homelessness flag	1: Sleeping rough or in non-conventional accommodation 2: Short-term or emergency accommodation 3: Not homeless 9: Not stated / Missing	Option 1 and 2 will be used to identify the PTS Homelessness service.
Organisation type	All options are valid	Organisations with type 8: Aboriginal Health/ Medical Service, will be used to distinguish the PTS ATSI service.
Service Contact Type (see the section Service Contacts for further information)	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 7: Suicide prevention specific assistance 8: Cultural specific assistance 9: Psychosocial support	If 0 is selected, then the field No Show must equal Yes. Option 5 can only be selected if the service was provided by a credentialed mental health clinician who is performing a clinical role. Options 6, 7 and 8 should only be used for Service Contacts that cannot be described by any other Service Type. Option 98 ATAPS is not a valid option for Murray PHN.
Service Contact Modality (see the section Service Contacts for further information)	0: No contact took place 1: Face to Face 2: Telephone 3: Video 4: Internet-based	If 0 is selected, then the field No Show must equal Yes. If Service Contact Modality is not 'Face to Face' the service contact postcode must be entered as unknown 9999.

Attribute	Value	Comments
Service Contact Participants	1: Individual client 2: Client group 3: Family / Client Support Network 4: Other health professional or service provider 5: Other	Option 9 'Not stated' should not be used for Murray PHN commissioned services.
Service Contact Venue	All options other than 99: Not stated, are valid for use in PTS	Service contacts provided over the phone, video or internet should be captured as 98. Service contacts with type 8, Residential aged care facility will be used to identify service provided in the PTS RACF program.
Service Contact Postcode	The postcode that the service contact took place	If Service Contact Modality is 'Face to Face' the service contact postcode must be entered.
Tags	Perinatal	An additional tag of perinatal will be used to identify services provided in the PTS Perinatal program.

5.9.2. Primary Mental Health Clinical Care Coordination (CCC)

All episodes of care delivered under the CCC program, need to be captured with a Principal Focus of Treatment of 3, Clinical Care Coordination.

The specific nature of work undertaken with a client in each service contact can be specified within the service contact type field. For example, a service contact that is primarily focused on assessing the client, would be captured as 1, Assessment. It would be anticipated that the majority of service contacts undertaken within the CCC program would be classified as a Type 1, or 4, but the other options are also valid.

Murray PHN program: Clinical Care Coordination (CCC)		
Attribute	**Value**	**Comments**
Principal Focus of Treatment	3: Clinical Care Coordination	This is the only valid option for CCC services.
Suicide referral flag (see the section Episode for further information)	1: Yes 2: No 9: Unknown	If Yes is used a service contact must take place within 7 days of the referral date.
Service Contact Type (see the section Service Contacts for further information)	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 7: Suicide prevention specific assistance 8: Cultural specific assistance 9: Psychosocial support	If 0 is selected, then the field No Show must equal Yes. Option 5 can only be selected if the service was provided by a credentialed mental health clinician who is performing a clinical role. Options 6, 7 and 8 should only be used for Service Contacts that cannot be described by any other Service Type. Option 98 ATAPS is not a valid option for Murray PHN.
Service Contact Modality (see the section Service Contacts for further information)	0: No contact took place 1: Face to Face 2: Telephone 3: Video 4: Internet-based	If Service Contact Modality is not 'Face to Face' the service contact postcode must be entered as unknown 9999. If 0 is selected, then the field No Show must equal Yes.
Service Contact Participants	0: Individual client 1: Client group 2: Family / Client Support Network 3: Other health professional or service provider 4: Other	Option 9 'Not stated' should not be used for Murray PHN commissioned services.
Service Contact Venue	All options other than 99: Not stated, are valid for use	Service contacts provided over the phone, video or internet should be captured as 98.
Service Contact Postcode	The postcode that the service contact took place	If Service Contact Modality is 'Face to Face' the service contact postcode must be entered.

5.9.3. Psychosocial Recovery Services (PRS)

All episodes of care delivered under PRS programs should be captured with a Principal Focus of Treatment of 8, Psychosocial Support.

The specific nature of work undertaken with a client in each service contact can be specified within the service contact type field. For example, a service contact that is primarily focused on assessing the client, would be captured as 1, Assessment. It would be anticipated that the majority of service contacts undertaken within the PRS program would be classified as a Type 1, or 9, but the other options are also valid.

Murray PHN program: Psychosocial Recovery Services (PRS)		
Attribute	**Value**	**Comments**
Principal Focus of Treatment	8: Psychosocial Supports	This is the only valid option for PRS.
Suicide referral flag (see the section Episode for further information)	1: Yes 2: No 9: Unknown	If Yes is used a service contact must take place within 7 days of the referral date.
Service Contact Type (see the section Service Contacts for further information)	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 7: Suicide prevention specific assistance 8: Cultural specific assistance 9: Psychosocial support	If 0 is selected, then the field No Show must equal Yes. Option 5 can only be selected if the service was provided by a credentialed mental health clinician who is performing a clinical role. Options 6, 7 and 8 should only be used for Service Contacts that cannot be described by any other Service Type. Option 98 ATAPS is not a valid option for Murray PHN.
Service Contact Modality (see the section Service Contacts for further information)	0: No contact took place 1: Face to Face 2: Telephone 3: Video 4: Internet-based	If 0 is selected, then the field No Show must equal Yes. If Service Contact Modality is not 'Face to Face' the service contact postcode must be entered as unknown 9999.
Service Contact Participants	1: Individual client 2: Client group 3: Family / Client Support Network 4: Other health professional or service provider 5: Other	Option 9 'Not stated' should not be used for Murray PHN commissioned services.
Service Contact Venue	All options other than 99: Not stated, are valid for use	Service contacts provided over the phone, video or internet should be captured as 98.
Service Contact Postcode	The postcode that the service contact took place	If Service Contact Modality is 'Face to Face' the service contact postcode must be entered.

5.9.4. Natural disaster response

Since this program covers a range of activities, a decision on which Principal focus of treatment category to use will sit with the provider. This will be based on the primary reason that an individual has accessed support. Some individuals may be looking for mainly psychological support, others psychosocial.

Regardless of which Principal focus of treatment is used, the episode will need a unique identifier to indicate this service was provided by the natural disaster funding. The Department of Health has stipulated that the tag !br20 is placed in the Episode tag field.

The specific nature of work undertaken with a client in each service contact can be specified within the service contact type field. For example, a service contact that is primarily focused on assessing the client, would be captured as 1, Assessment.

Murray PHN program: Natural Disaster Response (NDR)		
Attribute	**Value**	**Comments**
Principal Focus of Treatment	All options are valid	
Suicide referral flag (see the section Episode for further information)	1. Yes 2. No 9. Unknown	If Yes is used a service contact must take place within 7 days of the referral date.
Service Contact Type (see the section Service Contacts for further information)	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 7. Suicide prevention specific assistance 8. Cultural specific assistance 9. Psychosocial support	If 0 is selected, then the field No Show must equal Yes. Option 5 can only be selected if the service was provided by a credentialed mental health clinician who is performing a clinical role. Options 6, 7 and 8 should only be used for Service Contacts that cannot be described by any other Service Type. Option 98 ATAPS is not a valid option for Murray PHN.
Service Contact Modality (see the section Service Contacts for further information)	0. No contact took place 1. Face to Face 2. Telephone 3. Video 4. Internet-based	If 0 is selected, then the field No Show must equal Yes. If Service Contact Modality is not 'Face to Face' the service contact postcode must be entered as unknown 9999.
Service Contact Participants	1. Individual client 2. Client group 3. Family / Client Support Network 4. Other health professional or service provider 5. Other	Option 9 'Not stated' should not be used for Murray PHN commissioned services.
Service Contact Venue	All options other than 99: Not stated, are valid for use	Service contacts provided over the phone, video or internet should be captured as 98.
Service Contact Postcode	The postcode that the service contact took place	If Service Contact Modality is 'Face to Face' the service contact postcode must be entered.
Tags	!br20	The tag of !br20 set by the Department will be used to identify services provided in response to the bushfires.

6. Your Experience of Service (YES) survey

The Australian Mental Health Outcomes and Classification Network (AMHOCN) has recently developed a version of the Your Experience of Service (YES) survey for use in PHNs. The YES survey is designed to gather information from clients about their experiences of care. By helping to identify specific areas where quality improvements can be made, the YES can support collaboration between mental health services and clients to build better services.

More information on the development of the YES survey can be found at: amhocn.org/your-experience-service-surveys

6.1. Licensing

Murray PHN has obtained a license to use the PHN survey within our commissioned primary mental health services, which extends to our commissioned service providers.

There are strict provisions regarding the use of the YES survey that restrict modifications to questions.

Murray PHN is currently developing a method for the distribution and collection of the YES survey and will also provide information on this process soon.

6.2. Sample copy

A sample of the PHN version of the YES survey is shown in Appendix 3.

7. Recovery Assessment Scale - Domains and Stages (RAS-DS)

The RAS-DS is a capacity and strength-based assessment tool that is designed to do three things:

1. Assist consumers to take a lead role in understanding their recovery process, make recovery plans and track their recovery journey over time

2. To enable collaboration between consumers and mental health workers

3. To assist services to track recovery outcomes.

7.1. Download

The RAS-DS is freely available to download and can be found at: ras-ds.net.au

8. Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS NMDS)

The Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS NMDS) captures information about alcohol and other drug treatment services; the clients who use these services; the types of drug problems for which treatment is sought and the types of treatment provided.

8.1. Submitting data

Data submissions to the AIHW for the 2021–22 collection will begin in August 2022. Agencies are required to collect this data from 1 July 2021 until 30 June 2022.

Information on submitting the data, including a data collection manual and guide, and the data entry sheet, can be found at: aihw.gov.au/about-our-data/our-data-collections/alcohol-other-drug-treatment-services/guidelines-for-aodts-data-submitters/2021-22-data-collection-and-submission-information

9. Victorian Alcohol and Drug Collection (VADC)

The Victorian Alcohol and Drug Collection (VADC) is the data collection specification for all Department of Health and Human Services (DHHS) Victorian funded Alcohol and other drug (AOD) treatment providers. The VADC is a list of data elements (or types of information) that AOD treatment providers are required to report from their own client management systems (CMS) to DHHS.

Work is currently in the development stage to streamline data collection processes to allow state and PHN funded AOD treatment services to capture data under one specification. Under this process, the VADC specification would be modified to include the AODT NMDS information. More information on this project will be provided as it develops.

More information on the VADC can be found at: health.vic.gov.au/funding-and-reporting-aod-services/victorian-alcohol-and-drug-collection-vadc

10. Data delivery

Murray PHN is managing all contract specified deliverables via its contract management system, Folio, which includes data deliveries. This will be referenced in your Murray PHN schedule (see image below for an example).

Folio allows service providers to receive a reminder that a deliverable is due and once the data is submitted, Murray PHN will also receive an alert. This process is more secure than an email deliverable, allowing multiple Murray PHN staff access to the data, eliminating a data deliverable to be missed in an email inbox.

Organisations will be provided with a login to Folio once a contract is established in the system. A specific checklist will be assigned to contracts that have a PMHC MDS deliverable and who are not submitting this data through the Murray PHN FIXUS system. This checklist will contain a question on the MDS that will allow you to attach your data file.

If you require more information or support in submitting the data via Folio, please contact your Murray PHN contract manager in the first instance.

Each month		
Submission of PMHC-MDS. An oral report during monthly performance meeting describing: • performance against planned activities as per the Work Plan; • progress on other reporting requirements; • progress against Performance Indicators; • opportunities and risks identified, including mitigation strategies where relevant; and • any other matters relevant to the services.	Upload to Fixus portal or otherwise as agreed with Murray PHN via Folio.	The information you provide will be used in Murray PHN's internal performance and reporting systems to inform reports to the Department of Health. We will take the information into account in processing payments (see Section 5).

11. Definitions

Term	Definition
FIXUS	Client Information Management System (CIMS) managed by Murray PHN to collect the PMHC-MDS

12. Performance Indicators

Murray PHN has introduced a range of indicators that aim to measure the performance of primary mental health services across four domains:

- Access
- Effectiveness
- Awareness
- Integration.

Murray PHN recognises that good performance of a mental health service is more than quantity and by introducing these four domains, is seeking to ensure that services are effective and integrated, from both a clinical and consumer perspective.

Where possible, the source of this information will be the PMHC MDS or other data products to reduce the overheads on organisations. However, it will be important that accurate and timely information is provided to ensure that these indicators can be measured correctly.

Where an indicator has PMHC MDS as the source, Murray PHN will provide a report to organisations that shows how they are tracking against each indicator.

A sample of the performance indicators contained in a Murray PHN schedule is shown below. This will include a target (if applicable) and the source of information.

Access		
Detail	**Target**	**Source**
a. Number of consumers accessing the service	Indicative as per Program Guidelines	PMHC-MDS
b. Total Episodes of Care and Service Contacts	Indicative as per Program Guidelines	PMHC-MDS
c. Number of Service Contacts provided via Telehealth	N	PMHC-MDS
d. Number of consumers identifying as Aboriginal and Torres Strait Islander, Culturally and Linguistically Diverse (CALD), Lesbian Gay Bisexual Transgender Intersex Queer/Questioning Asexual (LGBTIQA+), experiencing homelessness or experiencing suicide or at-risk of suicide.	N	PMHC-MDS
e. Active management of consumers on the waitlist	100%	Performance Report
f. Number of consumers who did not attend	N	PMHC-MDS
g. Number of consumers with suicide prevention flag/ referral seen with seven days of referral date	100%	PMHC-MDS
h. Number of service contacts provided outside service providers office	N	PMHC-MDS

Effectiveness		
Detail	**Target**	**Source**
a. Average outcome measurement from start to end of episode	N	PMHC-MDS
b. Deidentified client story case study or system improvement case study demonstrating improved health outcomes	1	Performance Report
c. Evidence that staff are engaged in regular management and clinical supervision and professional development activities	100%	Performance Report
d. YES Survey (Consumer satisfaction) provided to clients	80%	To be confirmed
e. Number of completed 3-monthly clinical case reviews (CCC program only)	100%	Performance Report
f. Number of consumers exiting service/cases closed	N	PMHC-MDS
Awareness		
Detail	**Target**	**Source**
a. Geographical spread of clients across service area	N	PMHC-MDS
Integration		
Detail	**Target**	**Source**
a. Client referrals from different professionals	N	PMHC-MDS
b. Number of clients with MHTPs	N	PMHC-MDS

13. Support and resources

Document	Links
Murray PHN Primary Mental Health Guidelines	murrayphn.org.au/wp-content/uploads/2020/09/ MH0222_Mental-Health-guidelines_2020_Part-A_ V6.pdf

Appendix 1: PMHC MDS quick reference guide

Murray PHN program	Data Source	Mandatory Value
Natural Disaster Response	PMHC MDS	Episode Tag = !br20
Low Intensity	PMHC MDS	Principal Focus of Treatment = 2 (Low intensity psychological intervention)
PMHCCC	PMHC MDS	Principal Focus of Treatment = 3 (Clinical Care Coordination)
PRS	PMHC MDS	Principal Focus of Treatment = 8 (Psychosocial Support)
PTS ATSI	PMHC MDS	Principal Focus of Treatment = 1 (Psychological therapy)
PTS Child (where client is under 13 years old)	PMHC MDS	Principal Focus of Treatment = 1 (Psychological therapy)
PTS General	PMHC MDS	Principal Focus of Treatment = 1 (Psychological therapy)
PTS Homelessness	PMHC MDS	Principal Focus of Treatment = 1 (Psychological therapy) and Homelessness Flag = 1 (Sleeping Rough) or Homelessness Flag = 2 (Short-term or Emergency Accommodation)
PTS Perinatal	PMHC MDS	Principal Focus of Treatment = 1 (Psychological therapy) and Episode Tag = perinatal
PTS RACF	PMHC MDS	Principal Focus of Treatment = 1 (Psychological therapy) and Service Contact Venue = 8 (Residential aged care facility)
PTS SP	PMHC MDS	Principal Focus of Treatment = 1 (Psychological therapy) and Suicide Referral Flag = 1 (Yes)
Youth Severe	HAPI	PHN funding = Youth Severe

Appendix 2: Complete listing of the fields and values for the PMHC MDS

Client file

Each client will require the following information to be collected:

Field	Mandatory	Description
Organisation Path	Y	A sequence of colon separated Organisation Keys that fully specifies the Provider Organisation providing a service to the client. Provided by Murray PHN
Client Key	Y	This is a number or code assigned to each individual client referred to the commissioned organisation.
Statistical Linkage Key	Y	The SLK is a unique identifier for an individual which allows multiple episodes of care (and service contacts) to be associated with an individual, without the need to identify that person
Date of Birth	Y	DDMMYYYY
Estimated Date of Birth Flag	Y	1. Date of birth is accurate 2. Date of birth is an estimate 8. Date of birth is a 'dummy' date (i.e., 09099999) 9. Accuracy of stated date of birth is not known
Gender	Y	0. Not stated/Inadequately described 1. Male 2. Female 3. Other
Aboriginal and Torres Strait Islander Status	Y	1. Aboriginal but not Torres Strait Islander origin 2. Torres Strait Islander but not Aboriginal origin 3. Both Aboriginal and Torres Strait Islander origin 4. Neither Aboriginal or Torres Strait Islander origin 9. Not stated/inadequately described
Country of Birth	Y	1101. Australia See full specification for more options.
Main Language Spoken at Home	Y	1201. English See full specification for more options
Proficiency in Spoken English	Y	0. Not applicable (persons under 5 years of age or who speak only English) 1. Very well 2. Well 3. Not well 4. Not at all 5. Not stated/inadequately described
Tags	N	

Episode file

Each episode will require the following information to be collected:

Field	Mandatory	Description
Organisation Path	Y	A sequence of colon separated Organisation Keys that fully specifies the Provider Organisation providing a service to the client. Provided by Murray PHN
Episode Key	Y	This is a number or code assigned to each episode: The Episode Key is unique and stable for each episode at the level of the Provider Organisation
Client Key	Y	This is a number or code assigned to each individual client referred to the commissioned organisation
Episode - End Date		DDMMYYYY The date on which an Episode of Care is formally or administratively ended
Client Consent to Anonymised Data	Y	1: Yes 2: No
Completion Status		0: Episode open 1: Episode closed - treatment concluded 2: Episode closed administratively - client could not be contacted 3: Episode closed administratively - client declined further contact 4: Episode closed administratively - client moved out of area 5: Episode closed administratively - client referred elsewhere 6: Episode closed administratively - other reason
Referral Date		DDMMYYYY The date the referrer made the referral:
Principal Focus of Treatment Plan (see above for more information on this field)	Y	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 8: Psychosocial Support
GP Mental Health Treatment Plan Flag	Y	1: Yes 2: No 3: Unknown 9: Not stated/inadequately described
Homelessness Flag	Y	1: Sleeping rough or in non-conventional accommodation 2: Short-term or emergency accommodation 3: Not homeless 9: Not stated / Missing
Area of usual residence, postcode	Y	Postcode of the client
Labour Force Status	Y	1: Employed 2: Unemployed 3: Not in the Labour Force 4: Not stated/inadequately described

Field	Mandatory	Description
Employment Participation	Y	1: Full-time 2: Part-time 3: Not applicable - not in the labour force 9: Not stated/inadequately described
Source of Cash Income	Y	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 9: Not stated/inadequately described
Health Care Card	Y	1: Yes 2: No 3: Not Known 9: Not stated
NDIS Participant	Y	1: Yes 2: No 9: Not stated/inadequately described
Marital Status	Y	1: Never married 2: Widowed 3: Divorced 4: Separated 5: Married (registered and de facto) 6: Not stated/inadequately described
Suicide Referral Flag	Y	1: Yes 2: No 9: Unknown
Principal Diagnosis	Y	See full specification for more options
Additional Diagnosis	Y	See full specification for more options
Medication - Antipsychotics	Y	1: Yes 2: No 3: Unknown
Medication - Anxiolytics	Y	1: Yes 2: No 9: Unknown
Medication - Hypnotics and sedatives	Y	1: Yes 2: No 9: Unknown
Medication - Antidepressants	Y	1: Yes 2: No 9: Unknown
Medication - Psychostimulants and nootropics	Y	1: Yes 2: No 9: Unknown

Field	Mandatory	Description
Referrer Profession	Y	1. General Practitioner 2: Psychiatrist 3: Obstetrician 4: Paediatrician 5: Other Medical Specialist 6: Midwife 7: Maternal Health Nurse 8: Psychologist 9: Mental Health Nurse 10: Social Worker 11: Occupational therapist 12: Aboriginal Health Worker 13: Educational professional 14: Early childhood service worker 15: Other 98: N/A - Self referral 99: Not stated
Referrer Organisation Type	Y	1: General Practice 2: Medical Specialist Consulting Rooms 3: Private practice 4: Public mental health service 5: Public Hospital 6: Private Hospital 7: Emergency Department 8: Community Health Centre 9: Drug and Alcohol Service 10: Community Support Organisation NFP 11: Indigenous Health Organisation 12: Child and Maternal Health 13: Nursing Service 14: Telephone helpline 15: Digital health service 16: Family Support Service 17: School 18: Tertiary Education institution 19: Housing service 20: Centrelink 21: Other 98: N/A - Self referral 99: Not stated
Continuity of Support	Y	1: Yes 2: No 9: Not stated/inadequately described
Tags	N	

Service contact file

Each service contact will require the following information to be collected:

Field	Mandatory	Description
Organisation Path	Y	A sequence of colon separated Organisation Keys that fully specifies the Provider Organisation providing a service to the client. Provided by Murray PHN
Service Contact Key	Y	This is a unique number or code assigned to each service contact
Episode Key	Y	This is a unique number or code assigned to each episode
Practitioner Key	Y	A unique identifier for a practitioner within the provider organisation
Service Contact - Date	Y	The date of each mental health service contact between a health service provider and patient/client
Type	Y	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 9: Psychosocial support 98: ATAPS
Postcode	Y	The Australian postcode where the service contact took place
Modality	Y	0: No contact took place 1: Face to Face 2: Telephone 3: Video 4: Internet-based
Participants	Y	1: Individual client 2: Client group 3: Family / Client Support Network 4: Other health professional or service provider 5: Other 9: Not stated
Venue	Y	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: Residential aged care facility 9: School or other educational centre 10: Client's Workplace 11: Other 12: Aged care centre - non-residential 98: Not applicable (Service Contact Modality is not face to face) 99: Not stated

Field	Mandatory	Description
Duration	Y	0: No contact took place 1: 1-15 mins 2: 16-30 mins 3: 31-45 mins 4: 46-60 mins 5: 61-75 mins 6: 76-90 mins 7: 91-105 mins 8: 106-120 mins 9: over 120 mins
Copayment	Y	All Murray PHN commissioned services must be provided free of charge
Client Participation Indicator	Y	1: Yes 2: No
Interpreter Used	Y	1: Yes 2: No 9: Not stated
No Show	Y	1: Yes 2: No
Final	Y	1: No further services are planned for the client in the current episode 2: Further services are planned for the client in the current episode 9: Not known at this stage
Tags	N	

Organisation file

Each organisation will require the following information to be collected:

Field	Mandatory	Description
Organisation Path	Y	A sequence of colon separated Organisation Keys that fully specifies the Provider Organisation providing a service to the client. Provided by Murray PHN
Organisation Key	Y	A sequence of characters which uniquely identifies the provider organisation to the PHN. Provided by Murray PHN
Name	Y	The name of the provider organisation.
Legal Name	N	The legal name of the provider organisation.
ABN	Y	The Australian Business Number of the provider organisation.
Type	Y	1. Private Allied Health Professional Practice 2. Private Psychiatry Practice 3. General Medical Practice 4. Private Hospital 5. Headspace Centre 6. Early Youth Psychosis Centre 7. Community-managed Community Support Organisation 8. Aboriginal Health/Medical Service 9. State/Territory Health Service Organisation 10. Drug and/or Alcohol Service 11. Primary Health Network 12. Medicare Local 13. Division of General Practice 98. Other 99. Missing
State	Y	1. New South Wales 2. Victoria 3. Queensland 4. South Australia 5. Western Australia 6. Tasmania 7. Northern Territory 8. Australian Capital Territory 9. Other Territories
Start Date	Y	DDMMYYYY The date on which a provider organisation started delivering services.
End Date	Y	DDMMYYYY The date on which a provider organisation stopped delivering services.
Tags	N	

Practitioner file

Each practitioner will require the following information to be collected:

Field	Mandatory	Description
Organisation Path	Y	A sequence of colon separated Organisation Keys that fully specifies the Provider Organisation providing a service to the client. Provided by Murray PHN
Practitioner Key	Y	A unique identifier for a practitioner within the responsible provider organisation.
Category	Y	1: Clinical Psychologist 2: General Psychologist 3: Social Worker 4: Occupational Therapist 5: Mental Health Nurse 6: Aboriginal and Torres Strait Islander Health/Mental Health Worker 7: Low Intensity Mental Health Worker 8: General Practitioner 9: Psychiatrist 10: Other Medical 11: Other 12: Psychosocial Support Worker 13: Peer Support Worker 99: Not stated
ATSI Cultural Training	Y	1: Yes 2: No 3: Not required 9: Missing / Not recorded
Year of Birth	Y	DDMMYYY
Gender	Y	0: Not stated/Inadequately described 1: Male 2: Female 3: Other
Aboriginal and Torres Strait Islander Status	Y	1: Aboriginal but not Torres Strait Islander origin 2: Torres Strait Islander but not Aboriginal origin 3: Both Aboriginal and Torres Strait Islander origin 4: Neither Aboriginal or Torres Strait Islander origin 9: Not stated/inadequately described
Active	Y	0: Inactive 1: Active
Tags	N	

Appendix 3: Your Experience of Service (YES) survey sample

Your Experience of Service Primary Health Network (YES PHN) Survey

Your feedback is important. This questionnaire was developed with service consumers. It aims to help providers and consumers to work together to build better services. Completion of the survey is voluntary. All information collected in this survey is anonymous. None of the information collected will be used to identify you. It would be helpful if you could answer all questions, but please leave any question blank if you don't want to answer it. You should read the Participant Information Form before deciding if you want to complete this survey.

Please put a cross in just one box for each question, like this . . .

	X				
1	2	3	4	5	5

These questions ask **how often** we did the following things . . .

Thinking about the care you have received from this service within the last 3 months or less, what was your experience in the following areas? *(Check one response for each question)*	Never	Rarely	Sometimes	Usually	Always	Not applicable
1. You felt welcome using this service	1	2	3	4	5	
2. You felt safe using this service	1	2	3	4	5	
3. You had access to this service when you needed	1	2	3	4	5	
4. You had opportunities for your family and friends to be involved in your support or care if you wanted	1	2	3	4	5	9
5. Staff were able to provide information or advice to help you manage your physical health if you wanted	1	2	3	4	5	
6. Your individuality and values were respected (such as your culture, faith or gender identity, etc.)	1	2	3	4	5	
7. This service listened to and followed up on feedback or complaints	1	2	3	4	5	
8. The service respected your right to make decisions	1	2	3	4	5	
9. The support or care available met your needs	1	2	3	4	5	

These questions ask **how well** we did the following things . . .

Thinking about the care you have received from this service within the last 3 months or less, what was your experience in the following areas? *(Check one response for each question)*	Poor	Fair	Good	Very Good	Excellent	Not applicable
10. Access to a peer worker/ lived experience worker, if you wanted	1	2	3	4	5	9
11. Information available to you about this service (such as how the service works, your rights and responsibilities, how to give feedback, etc.)	1	2	3	4	5	
12. Development of a plan with you that considered all of your needs (including support, coordination and follow up)	1	2	3	4	5	9

As a result of your experience with the service in the last 3 months or less please rate the following... *(Check one response for each question)*	Poor	Fair	Good	Very Good	Excellent
13. The effect of this service on your hopefulness for the future	● 1	● 2	● 3	● 4	● 5
14. The effect of this service on your skills and strategies to look after your own health and wellbeing	● 1	● 2	● 3	● 4	● 5
15. The effect of this service on your ability to manage your day to day life	● 1	● 2	● 3	● 4	● 5
16. Overall, how would you rate your experience with this service in the last 3 months?	● 1	● 2	● 3	● 4	● 5

17. My experience would have been better if . . . (write in)

18. The best things about this service were . . . (write in)

Demographic questions

The information in this section helps us to know if we are missing out on feedback from some groups of people. It also tells us if some groups of people have a better or worse experience than others. Knowing this helps us focus our efforts to improve services. No information collected in this section will be used to identify you.

19. What is your gender identity?
☐ 1 Male   ☐ 2 Female   ☐ 3 Other _____

20. What is the main language you speak at home?
☐ 1 English   ☐ 2 Other _____

21. Are you of Aboriginal or Torres Strait Island origin?
☐ 1 No   ☐ 3 Yes – Torres Strait Islander
☐ 2 Yes - Aboriginal   ☐ 4 Yes – Aboriginal and Torres Strait Islander

22. What is your age?
☐ 1 Under 18 years   ☐ 3 25 to 44 years   ☐ 5 65 years and over
☐ 2 18 to 24 years   ☐ 4 45 to 64 years

23. How long have you been receiving support or care from this service?
☐ 1 1 day to 2 weeks   ☐ 3 1 to 3 months   ☐ 5 More than 6 months
☐ 2 3 to 4 weeks   ☐ 4 4 to 6 months

24. Who referred you to this service?
☐ 1 Family doctor/ GP   ☐ 3 Another health professional   ☐ 5 Other, please write in
☐ 2 Nurse   ☐ 4 Myself

25. How involved were you in choosing this service?
☐ 1 Not at all involved   ☐ 2 A little involved   ☐ 3 Fully involved

26. Did someone help you complete this survey?
☐ 1 No   ☐ 3 Yes – someone from the service
☐ 2 Yes - family or friend   ☐ 4 Yes - someone else

Thank you for your time completing this survey. Remember, if anything in this survey has upset you, you can talk to your local doctor, mental health worker or call Lifeline on 13 11 14.

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