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Mental Health Services Data Set (MHSDS) v3.0 – Data Model

NHS Digital

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

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
Person Birth Date
Postcode of Usual Address
Person Stated Gender Code
Person Marital Status
Ethnic Category
Language Code (Preferred)
Person Death Date

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

MHS004 Employment Status

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

MHS005 Patient Indicators

FK1 **Local Patient Identifier (Extended)**
Constant Supervision and Care Required Due to Disability 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

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)

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

MHS009 Care Plan Agreement

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

MHS010 Assistive Technology To Support Disability Type

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

MHS011 Social and Personal Circumstances

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

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)

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

MHS103 Other Reason For Referral

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

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

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)

MHS106 Discharge Plan Agreement

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

MHS201 Care Contact

PK **Care Contact Identifier**

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

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

MHS203 Other in Attendance

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

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)

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

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

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

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

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)

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)

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

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)

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)

MHS505 Restrictive Intervention

FK1 **Ward Stay Identifier**
Date of Restrictive Intervention
Restrictive Intervention Type
Duration of Restrictive Intervention

MHS506 Assault

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

MHS507 Self-Harm

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

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

MHS512 Hospital Spell Commissioner

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

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)

MHS601 Medical History (Previous Diagnosis)

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

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

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

MHS607 Coded Scored Assessment (Care Activity)

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

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)

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)

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

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)

MHS802 Coded Scored Assessment (Clustering Tool)

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

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)

MHS804 Five Forensic Pathways

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

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)

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