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Mental Health Services Data Set (MHSDS) v4.1 – Data Model

NHS Digital

MHS702 Care Programme Approach (CPA) 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

MHS012 Overseas Visitor Charging Category

FK1	**Local Patient Identifier (Extended)**
	Overseas Visitor Charging Category
	Overseas Visitor Charging Category Applicable Date

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)

MHS005 Patient Indicators

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

MHS000 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

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

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

MHS901 Staff Details

PK	**Care Professional Local Identifier**
	Professional Registration Body Code
	Professional Registration Entry Identifier
	Care Professional Staff Group (Mental Health)
	Main Specialty 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)

MHS804 Five Forensic Pathways

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

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)

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

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)

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)
	Restrictive Intervention Restraint Injury Indicator (Patient)
	Restrictive Intervention Restraint Injury Indicator (Care Personnel)
	Restrictive Intervention Restraint Injury Indicator (Other Person)
	Restrictive Intervention Post-Incident Review Held Indicator (Patient)
	Restrictive Intervention Post-Incident Review Not Held Reason (Patient)
	Restrictive Intervention Post-Incident Review Held Indicator (Care Personnel)

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

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)

MHS512 Hospital Provider 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)

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

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)

MHS513 Substance Misuse

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

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)

MHS203 Other in Attendance

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

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)
	Coded Observation (SNOMED CT)
	Observation Value
	UCUM Unit of Measurement

MHS103 Other Reason For Referral

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

MHS607 Coded Scored Assessment (Care Activity)

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

MHS106 Discharge Plan Agreement

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

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)

MHS107 Medication Prescription

FK1	**Service Request Identifier**
	Prescription Identifier
	Prescription Date (Medication)
	Prescription Time (Medication)

MHS506 Assault

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

MHS507 Self-Harm

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

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)

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

MHS102 Service or Team Type Referred To

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

MHS104 Referral To Treatment (RTT)

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)

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)

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
- Pilot Requirements