Mental Health Services Data Set (MHSDS) v6.0 – Data Model

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COLOUR KEY
- Header
- Patient Demographics
- Referrals
- Care Contact, Care Activities, Indirect Activities and Patient Self-Directed Digital Intervention
- Group Sessions
- Mental Health Act (MHA) Episodes
- Hospital Provider Spells
- Clinically Coded Classifications and Terminology
- Care Programme Approach (CPA) Care Episodes
- Staff, Service and Ward

Format Key:
- Mandatory fields within the table are denoted in **bold**
- Bold arrows denote the common 'patient-referral-contact-activity' backbone structure across NHS England data sets
- A none to many relationship between tables is indicated by '*'
- A one to many relationship between tables is indicated by '1..*'
- A one to one relationship between tables is indicated by '1'

NHS England

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 (Educational Establishment)
NHS Number
NHS Number Status Indicator Code (Mental Health and Maternity)
Person Birth Date
Postcode of Usual Address
Gender Identity Code
Gender Identity Same at Birth Indicator
Person Stated Gender Code
Person Marital Status
Ethnic Category
Ethnic Category 2021
Language Code (Preferred)
Person Death Date

MHS002 GP Practice Registration
FK1 **Local Patient Identifier (Extended)**
General Medical Practice (Patient Registration)
Start Date (GMP Patient Registration)
End Date (GMP Patient Registration)

MHS003 Accommodation Status
FK1 **Local Patient Identifier (Extended)**
Accommodation Type
Settled Accommodation Indicator
Accommodation Type Recorded Date
Secure Childrens Home Placement Type
Accommodation Type Start Date
Accommodation Type End Date

MHS004 Employment Status
FK1 **Local Patient Identifier (Extended)**
Employment Status
Employment Status Start Date
Employment Status End Date
Employment Status Recorded Date
Patient Primary Employment Contract Type (Mental Health)
Weekly Hours Worked

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
Looked After Child Legal Status
Educational Assessment Outcome
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
Reasonable Adjustment Required Indicator
Independent Mental Capacity Advocate Required Indicator
Independent Mental Health Advocate Required Indicator
Independent Mental Capacity Advocate Assigned Indicator
Independent Mental Health Advocate Assigned Indicator
Patient Diagnosis Status (Learning Disability)
Patient Diagnosis Status (Autism)

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 Content Agreed By
Family Involved In Care Plan Indicator
Family Not Involved in Care Plan Reason
Care Plan Content Agreed Date
Care Plan Content Agreed Time

MHS010 Assistive Technology To Support Disability Type
FK1 **Local Patient Identifier (Extended)**
Assistive Technology Finding (SNOMED CT)
Prescription Timestamp (Assistive Technology)

MHS011 Social and Personal Circumstances
FK1 **Local Patient Identifier (Extended)**
Social and Personal Circumstance (SNOMED CT)
Social and Personal Circumstance Recorded Timestamp

MHS012 Overseas Visitor Charging Category
FK1 **Local Patient Identifier (Extended)**
Overseas Visitor Charging Category
Overseas Visitor Charging Category Applicable From Date
Overseas Visitor Charging Category Applicable End Date

MHS014 eMED3 Fit Note
FK1 **Local Patient Identifier (Extended)**
eMED3 Fit Note Assessment Date
eMED3 Fit Note Condition (SNOMED CT)
eMED3 Fit Note Diagnosis (ICD)
eMED3 Fit Note Start Date
eMED3 Fit Note End Date
eMED3 Fit Note Duration
eMED3 Fit Note Recorded Date
eMED3 Fit Note Follow Up Assessment Required Indicator
eMED3 Fit Note Issuer

MHS101 Service or Team Referral
PK **Service Request Identifier**
FK1 **Local Patient Identifier (Extended)**
Organisation Identifier (Code of Commissioner)
Care Professional Team Local Identifier
Referral Request Received Date
Referral Request Received Time
NHS Service Agreement Line Identifier
Specialised Mental Health Service Category Code
Source of Referral for Mental Health Services Data Set
Organisation Identifier (Referring Organisation)
Referring Care Professional Type (Mental Health)
Clinical Response Priority Type
Primary Reason for Referral (Mental Health)
Reason for Out of Area Referral (Adult Acute Mental Health)
Decision to Treat Date (Mental Health Home Treatment)
Decision to Treat Time (Mental Health Home Treatment)
Discharge Plan Creation Date
Discharge Plan Creation Time
Discharge Plan Last Updated Date
Discharge Plan Last Updated Time
Service Discharge Date
Service Discharge Time
Referral Rejection Date
Referral Rejection Time
Referral Rejection Reason
Referral Closure Reason

MHS102 Other Service or Team Type
FK1 **Service Request Identifier**
Care Professional Team Local Identifier (Other Service or Team)
Referral Closure Date
Referral Closure Time
Referral Rejection Date
Referral Rejection Time
Referral Rejection Reason
Referral Closure Reason

MHS103 Other Reason For Referral
FK1 **Service Request Identifier**
Other Reason for Referral (Mental Health)

MHS104 Referral To Treatment (RTT)
FK1 **Service Request Identifier**
Waiting Time Measurement Type (Mental Health)
Patient Pathway Identifier
Organisation Identifier (Patient Pathway Identifier Issuer)
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 (Mental Health Services Data Set)
Referred Out of Area Reason (Adult Acute Mental Health)
Organisation Identifier (Receiving Organisation)
Referral Procedure (SNOMED CT Expression)

MHS106 Discharge Plan Agreement
FK1 **Service Request Identifier**
Discharge Plan Content Agreed By
Discharge Plan Content Agreed Date
Discharge Plan Content Agreed Time

MHS201 Care Contact
PK **Care Contact Identifier**
FK1 **Service Request Identifier**
Care Contact Date
Care Contact Time
Care Professional Team Local Identifier (Other Service or Team)
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 Mechanism (Mental Health)
Activity Location Type Code
Place of Safety Indicator
Organisation Site Identifier (Of Treatment)
Language Code (Treatment)
Interpreter Present at Care Contact Indication Code
Community Perinatal Mental Health Partner Assessment Offer Indicator
Planned Care Contact Indicator
Care Contact Patient Therapy Mode
Attendance Status
Earliest Reasonable Offer Date
Earliest Clinically Appropriate Date
Care Contact Cancellation Date
Care Contact Cancellation Reason
Reasonable Adjustment Made Indicator
Reason Patient does not have Independent Mental Capacity Advocate
Reason Patient does not have Independent Mental Health Advocate

MHS202 Care Activity
PK **Care Activity Identifier**
FK1 **Care Contact Identifier**
Clinical Contact Duration of Care Activity
Procedure (SNOMED CT Expression)
Finding Scheme in Use (Mental Health)
Coded Finding (Coded Clinical Entry)
Coded Observation (SNOMED CT)
Observation Value
Unit of Measurement (UCUM)

MHS203 Other in Attendance
FK1 **Care Contact Identifier**
Other Person in Attendance at Care Contact

MHS204 Indirect Activity
FK1 **Service Request Identifier**
Indirect Activity Date
Care Professional Team Local Identifier (Other Service or Team)
Indirect Activity Time
Indirect Activity Person Consulted Type
Duration of Indirect Activity
Organisation Identifier (Code of Commissioner)
Care Professional Local Identifier
Indirect Activity Procedure (SNOMED CT Expression)
Finding Scheme In Use (Mental Health)
Coded Finding (Coded Clinical Entry)

MHS205 Patient Self-Directed Digital Intervention
FK1 **Service Request Identifier**
Organisation Identifier (Patient Self-Directed Digital Intervention Provider)
Start Date (Patient Self-Directed Digital Intervention)
End Date (Patient Self-Directed Digital Intervention)
Patient Self-Directed Digital Intervention Mechanism (Primary)
Patient Self-Directed Digital Intervention Procedure (SNOMED CT Expression)

MHS206 Staff Activity
FK1 **Care Activity Identifier**
Care Professional Local Identifier

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 Identifier

MHS302 Mental Health Drop In Contact
PK **Mental Health Drop In Contact Identifier**
Care Contact Date (Mental Health Drop In Contact)
Organisation Identifier (Code of Commissioner)
Mental Health Drop In Contact Service Type
Start Time (Mental Health Drop In Contact)
End Time (Mental Health Drop In Contact)
Local Patient Identifier (Extended)
NHS Number
Person Birth Date
Gender Identity Code
Gender Identity Same at Birth Indicator
Ethnic Category
Ethnic Category 2021
Consultation Mechanism (Mental Health)
Care Professional Local Identifier
Mental Health Drop In Contact Outcome
Organisation Identifier (Receiving Organisation)

MHS401 Mental Health Act Legal Status Classification Assignment 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 Period
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 Assignement 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 Identifier**
FK1 **Service Request Identifier**
Start Date (Hospital Provider Spell)
Start Time (Hospital Provider Spell)
Decided To Admit Date
Decided To Admit Time
Admission Source (Mental Health Hospital Provider Spell)
Method of Admission (Mental Health Hospital Provider Spell)
Postcode of Main Visitor
Estimated Discharge Date (Hospital Provider Spell)
Planned Discharge Date (Hospital Provider Spell)
Planned Destination of Discharge (Hospital Provider Spell)
Discharge Date (Hospital Provider Spell)
Discharge Time (Hospital Provider Spell)
Method of Discharge (Mental Health Hospital Provider Spell)
Destination of Discharge (Hospital Provider Spell)
Postcode Of Discharge Destination (Hospital Provider Spell)

MHS502 Ward Stay
PK **Ward Stay Identifier**
FK1 **Ward Code**
Hospital Provider Spell Identifier
Start Date (Ward Stay)
Start Time (Ward Stay)
End Date (Mental Health Trial Leave)
End Date (Ward Stay)
End Time (Ward Stay)
Mental Health Admitted Patient Classification Type
Specialised Mental Health Service Category Code

MHS503 Assigned Care Professional
FK1 **Hospital Provider Spell Identifier**
Care Professional Local Identifier
Start Date (Care Professional Admitted Care Episode)
End Date (Care Professional Admitted Care Episode)
Treatment Function Code (Mental Health)

MHS505 Restrictive Intervention Incident
PK **Restrictive Intervention Incident Identifier**
FK1 **Hospital Provider Spell Identifier**
Start Date (Restrictive Intervention Incident)
Start Time (Restrictive Intervention Incident)
End Date (Restrictive Intervention Incident)
End Time (Restrictive Intervention Incident)
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)
Restrictive Intervention Reason

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

MHS513 Substance Misuse
FK1 **Ward Stay Identifier**
Observation Date (Substance Misuse Evidence)

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)

MHS515 Restrictive Intervention Type
PK **Restrictive Intervention Type Identifier**
FK1 **Restrictive Intervention Incident Identifier**
Restrictive Intervention Type
Start Date (Restrictive Intervention Type)
Start Time (Restrictive Intervention Type)
End Date (Restrictive Intervention Type)
End Time (Restrictive Intervention Type)
Restrictive Intervention Restraint Injury Indicator (Patient)
Restrictive Intervention Restraint Injury Indicator (Care Personnel)
Restrictive Intervention Restraint Injury Indicator (Other Person)

MHS516 Police Assistance Request
FK1 **Ward Stay Identifier**
Police Assistance Request Date
Police Assistance Request Time
Police Assistance Arrival Date
Police Assistance Arrival Time
Police Restraint or Force Used Indicator

MHS517 Specialised Mental Health Exceptional Package of Care (EPC)
FK1 **Hospital Provider Spell Identifier**
Specialised Mental Health Exceptional Package of Care Charge
Start Date (Specialised Mental Health Exceptional Package of Care)
Organisation Identifier (Code of Commissioner)
End Date (Specialised Mental Health Exceptional Package of Care)

MHS518 Clinically Ready for Discharge
FK1 **Hospital Provider Spell Identifier**
Start Date (Mental Health Clinically Ready for Discharge Period)
End Date (Mental Health Clinically Ready for Discharge Period)
Mental Health Clinically Ready for Discharge Period Delay Reason
Mental Health Clinically Ready for Discharge Period Attributable To Indication Code
Organisation Identifier (Responsible Local Authority Mental Health Clinically Ready for Discharge Period)

MHS512 Hospital Provider Spell Commissioner Assignment Period
FK1 **Hospital Provider Spell Identifier**
Organisation Identifier (Code of Commissioner)
Start Date (Commissioner Assignment Period)
End Date (Commissioner Assignment Period)

MHS601 Medical History (Previous Diagnosis)
FK1 **Local Patient Identifier (Extended)**
Diagnosis Scheme in Use (Mental Health)
Previous Diagnosis (Coded Clinical Entry)
Coded Diagnosis Timestamp

MHS604 Primary Diagnosis
FK1 **Service Request Identifier**
Diagnosis Scheme in Use (Mental Health)
Primary Diagnosis (Coded Clinical Entry)
Coded Diagnosis Timestamp

MHS605 Secondary Diagnosis
FK1 **Service Request Identifier**
Diagnosis Scheme in Use (Mental Health)
Secondary Diagnosis (Coded Clinical Entry)
Coded Diagnosis Timestamp

MHS606 Coded Scored Assessment (Referral)
FK1 **Service Request Identifier**
Coded Assessment Tool Type (SNOMED CT)
Person Score
Assessment Tool Completion Timestamp
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 Timestamp
Coded Assessment Tool Type (SNOMED CT)
Person Score
Activity Location Type Code
Organisation Identifier (Code of Commissioner)

MHS609 Presenting Complaint
FK1 **Service Request Identifier**
Finding Scheme in Use (Mental Health)
Presenting Complaint (Coded Clinical Entry)
Presenting Complaint Coding Significance
Presenting Complaint Recorded Date

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 (CPA) Review
FK1 **Care Programme Approach Care Episode Identifier**
Care Programme Approach Review Date
Care Professional Local Identifier

MHS901 Staff Details
PK **Care Professional Local Identifier**
Organisation Identifier (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)

MHS902 Service or Team Details
PK **Care Professional Team Local Identifier**
Organisation Identifier (Care Professional Team Local Identifier)
Service or Team Type (Mental Health)
Mental Health Service or Team Intended Patient Age Group

MHS903 Ward Details
PK **Ward Code**
Organisation Site Identifier (Of Ward)
Ward Intended Sex of Patients
Ward Intended Clinical Care Intensity (Mental Health)
Ward Intended Age Group Mental Health
Ward Setting Type (Mental Health)
Ward Security Level
Locked Ward Indicator
Available Bed Days During Reporting Period (Mental Health)
Closed Bed Days During Reporting Period (Mental Health)