

PRIMHED Code Set

HISO 10023.3

To be used in conjunction with:
HISO 10023.1 – Integrated Mental Health Data Process Standard
and HISO 10023.2 – PRIMHED Data Set

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Related Documents

The documents listed have been used in the development of this standard. They may provide further clarity if required.

NZS/AS

AS/NZS 7799.2 Information security management. Part 2: Specification for information security management systems. (This standard was redesignated from AS/NZS 4444.2:2000.)

ISO

ISO/IEC 17799 Information Technology – Code of practice for information security management. (This standard supersedes AS/NZS 4444.1:1999.)

ISO/IEC 11179 ISO Standard 11179-3 Information technology – specification and standardization of data elements. Part 3: Basic attributes of data elements, 1994.

Other standards

HL7 V2.4 Health Level Seven Standard Version 2.4. Ann Arbor: Health Level Seven Inc., 2001.

HISO Ethnicity Data Protocols for the Health and Disability Sector. Wellington: Ministry of Health, 2004.

HISO Health Practitioner Index Common Code Set.

HISO 10005 HPI Data Set. Wellington: Ministry of Health, 2004.

HISO 10006 HPI Code Set. Wellington: Ministry of Health, 2004

HISO 10011 RSD Business Process. Wellington: Ministry of Health

Other publications

1220.0 ANZSCO Australian and New Zealand Standard Classification of Occupations, 2006.

NZSCC99 Statistics New Zealand Country Code List.

HNBC HealthNet/BC Provider Data Standards, Version 1.0.

NHDD National Health Data Committee. National Health Data Dictionary, Version 12.0. Canberra: Australian Institute of Health and Welfare, 2003.

New Zealand legislation

Alcoholism and Drug Addiction Act 1966

Criminal Procedure (Mentally Impaired Persons) Act 2003

Health Act 1956

Health Practitioners Competence Assurance Act, 2003

Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003

Mental Health (Compulsory Assessment and Treatment) Act 1992

Parole Act 2002

1 INTRODUCTION

This document defines the common set of codes to be used for each data element of the Integrated Mental Health Collection (PRIMHED) data set that requires coding.

The adoption of a common code set for the health sector will reduce the need for complex interface programmes to translate or manipulate data being exchanged. It will also contribute towards creating a common understanding of data, thus allowing better analysis and interpretation.

Most codes fall into one of two categories:

- (a) generic codes: these are codes or values that are used throughout the health sector, such as codes for 'Title' (Mr, Mrs, etc; or organisation name, etc). These need to be used consistently.
- (b) speciality specific codes: these are specific to mental health (for example, DSM IV). However, the speciality specific codes need to be incorporated into common systems, such as PRIMHED, to ensure that they can be accurately represented to users.

Within this document the code sets are presented as follows:

- (a) code: the value that is used for data storage and data entry.
- (b) description of the code: a textual description of the code that would be displayed on reports and for viewing on-screen.
- (c) 'Valid From' and 'Valid To' fields indicate the time period a code is valid for. This information enables old codes to be retired and new codes to be created, whilst retaining the ability to validate incoming data.
- (d) definition: a textual explanation of the code. This is for information only and can be used for training and user documentation. A definition may not be included where the description is obvious.

For example:

Data element	Code	Description	Code 'Valid From'	Code 'Valid To'	Definition
Sex	F	Female	01/01/1900 ¹		
Sex	U	Unknown	01/01/1900		Not stated or inadequately described.
Outcome Tool	A1	HoNOS	01/03/2002		General adult version as described in Wing J, Curtis R, Beevor A (1999), Health of the Nation Outcome Scales (HoNOS), Glossary for HoNOS score sheet. <i>British Journal of Psychiatry</i> 174:432-434.

¹ The 'Valid From' dates have been populated, where known, with the dates that the codes were created. Where the codes were created in the former MHINC or MH-SMART systems, the 'Valid From' dates have been set to a default of 01/01/1900 to allow for migration of data from these systems into the new collection. The 'Valid To' dates have been populated with the date 01/07/2011 to reflect the requirement to review that standard within a three year period. At the point of review, the decision will then be made to retire or extend the validity of the current codes.

1.1 The purpose of the PRIMHED

The overarching purpose of the PRIMHED process is to define the collection of minimally-required core data elements for an integrated mental health and addiction services national collection. The PRIMHED project's purpose also is to provide:

- (a) secure information access and reporting through consistent use of benchmarking, standards and key performance indicators, to underpin decision support and policy development.
- (b) data about the value of mental health services to support workforce development activities, including cultural relevance; to enhance the mental health knowledge base and to improve health outcomes for consumers.

1.2 The requirement for standards

The PRIMHED will provide an integrated collection of activity and outcome information for consumers within the mental health service.

The MHINC/MH-SMART feasibility project examined the issues that surrounded the integration of two quite different data collections. The sector recognised the value of the MHINC data collection and it was also felt that, with the introduction of MH-SMART, there was an opportunity to address some of the underlying actual and perceived issues with MHINC. The sector recognised the difficulties that would be created and the associated costs of having two distinct national collections. Therefore, it was recommended that a single national collection be established, hence the creation of the PRIMHED project.

Most mental health services within New Zealand are structured in a manner that has been developed to suit the local environment and the same is true for the information systems present within these organisations. There exists a plethora of differing systems throughout the country, recording and reporting on consumer admissions, discharges and activity. Even when the same system is in use in two organisations, it has often been implemented in quite different ways. The introduction of MH-SMART has introduced some system standards in the collection of information around outcome measurement.

As the PRIMHED system will be a new collection, it is appropriate that it is established based on solid standards that have been developed and endorsed by representatives from the sector.

As part of the MH-SMART implementation, organisations will need to modify the content and the structure of the files that are reported through to the national collection housed by NZHIS. Organisations should benefit substantially from the existence of a data standard for core information prior to commencing this work.

1.3 Collection of data

Initially, data will be collected from District Health Boards (DHBs). This will be expanded out to the NGO sector as the NGO sector develops capability. The MHIRS project will assist the NGO sector in their ability to capture and report information electronically.

2 TEAM CODING

2.1 Team code

A 'Team Code' uniquely identifies a mental health services team. This team can be defined as a person or functionally discrete grouping of people based in a particular location providing mental health care to a consumer group in either an inpatient or community setting. The 'Team Codes' change as mental health services teams are established and disestablished. The 'Team Code' is uniquely linked to 'Organisation Identifier' and/or 'Health Agency' code. Currently, this code table is managed by NZHIS via an external MS Access database and an updated extract is published to the NZHIS web site at the web address, below:

<http://www.nzhis.govt.nz/moh.nsf/pagesns/470>

2.2 Team type

A code that categorises the primary function of the healthcare team. See table below:

Code	Description	Code Valid From	Code Valid To	Note
General Mental Health (GMeH)				
1001	GMeH Acute Ward	01-Jul-2008	01-Jul-2011	An acute inpatient team with a primary purpose of providing acute mental health care in a hospital environment to eligible persons in need of a period of close observation, intensive investigation or intervention. Excludes alcohol and drug services and forensic services.
1002	GMeH Non Acute Ward	1-Jul-2008	01-Jul-2011	A non-acute inpatient team with a primary purpose of providing care and rehabilitation in a hospital environment to eligible persons in need of a period of assessment and rehabilitation. Excludes alcohol and drug services, forensic services and inpatient acute care.
1004	GMeH Residential Level 1	1-Jul-2008	01-Jul-2011	Accommodation, rehabilitation and support provided in a community residence to eligible persons with psychiatric disabilities that is designated as level 1 in the agreement with the funding DHB.
1005	GMeH Residential Level 2	1-Jul-2008	01-Jul-2011	Provides accommodation, rehabilitation and support in a community residence to eligible persons with psychiatric disabilities that is designated as level 2 in the agreement with the funding DHB.
1006	GMeH Residential Level 3	1-Jul-2008	01-Jul-2011	Provides accommodation, rehabilitation and support in a community residence to eligible persons with psychiatric disabilities that is designated as level 3 in the agreement with the funding DHB.

Code	Description	Code Valid From	Code Valid To	Note
1007	GMeH Residential Level 4	1-Jul-2008	01-Jul-2011	Provides accommodation, rehabilitation and support in a community residence to eligible persons with psychiatric disabilities that is designated as level 4 in the agreement with the funding DHB.
1008	GMeH Residential Level 4+	1-Jul-2008	01-Jul-2011	Provides accommodation, rehabilitation and support in a community residence to eligible persons with psychiatric disabilities that is designated as of greater intensity than level 4 in the agreement with the funding DHB.
1090	GMeH Crisis Respite	1-Jul-2008	01-Jul-2011	Crisis respite provides some or all of: crisis resolution, support and/or accommodation for eligible people who are acutely unwell or in crisis.
1091	GMeH Planned Respite	1-Jul-2008	01-Jul-2011	Planned respite provides for a brief, pre-identified period of time, some or all of: support and/or accommodation for eligible people with psychiatric disabilities.
1092	GMeH Community Clinical	1-Jul-2008	01-Jul-2011	Community clinical teams have a primary purpose of providing non-residential assessment and treatment services including outpatient services. They exclude those specialised teams listed below (Early Psychosis Intervention, General Hospital Liaison, Maternal Mental Health, Assertive Community Treatment, Deaf Mental Health, Refugee Mental Health, Dual Disability, Specialist Psychotherapy).
1093	GMeH Community Support	1-Jul-2008	01-Jul-2011	Community support teams have a primary purpose of providing non-residential support and/or skills enhancement services to eligible persons with psychiatric disabilities to assist them to improve their life skills, overcome social isolation and return to optimal functioning. Excludes alcohol and drug services and forensic services.
1094	GMeH Vocational Support	1-Jul-2008	01-Jul-2011	Vocational support teams have a primary purpose of providing non-residential support for preparing for, finding, getting and keeping employment. Excludes alcohol and drug services and forensic services

Code	Description	Code Valid From	Code Valid To	Note
1095	GMeH Housing Support	1-Jul-2008	01-Jul-2011	Housing support teams have a primary purpose of providing non-residential support for finding, getting and keeping housing. Excludes alcohol and drug services and forensic services
1096	GMeH Advocacy/Peer Support	1-Jul-2008	01-Jul-2011	Advocacy/peer support teams have a primary purpose of providing advocacy or peer support for people using mental health services. Excludes alcohol and drug services and forensic services
1097	GMeH Family/Whānau Support	1-Jul-2008	01-Jul-2011	Family/whānau support teams have a primary purpose of providing support for families/whānau of people using mental health services. Excludes alcohol and drug services and forensic services
1098	GMeH Cultural Support	1-Jul-2008	01-Jul-2011	Cultural support teams have a primary purpose of providing cultural support for people using mental health services. Excludes alcohol and drug services and forensic services
1099	GMeH General Residential Support	1-Jul-2008	01-Jul-2011	Accommodation, rehabilitation and support provided in a community residence to eligible persons with psychiatric disabilities that is not designated according to levels of care in the agreement with the funding DHB.
1104	Child, Adolescent and Family Team	01-Jan-1900	01-Jul-2011	Child, adolescent and family teams provide assessment and treatment services to people aged 0-19 years inclusive. Includes inpatient, residential or community-based child, adolescent and family teams. Note: Children and youth, alcohol and drug teams should be mapped to '3121'. Kaupapa Māori Tamariki and Rangatahi (child and youth) mental health teams should be mapped to '3122'.

Code	Description	Code Valid From	Code Valid To	Note
1106	Kaupapa Māori Team	01-Jan-1900	01-Jul-2011	Kaupapa Māori teams provide assessment and treatment services to people within a Māori Kaupapa. Includes inpatient, residential or community-based teams within a Māori Kaupapa (including child, adolescent and family, youth specialty and psychogeriatric services). Note: Alcohol and Drug Kaupapa Māori teams should be mapped to '1110'. Kaupapa Māori Tamariki and Rangatahi (child and youth) mental health teams should be mapped to '3122'. Kaupapa Māori dual diagnosis mental health and alcohol and drug teams should be mapped to '3123'.
1107	Pacific Team	01-Jan-1900	01-Jul-2011	Pacific Island teams provide assessment and treatment services under a Pacific model. Includes inpatient, residential or community-based teams working under a Pacific model (including teams providing alcohol and drug, child, adolescent and family, youth specialty and psychogeriatric services).
1109	Community Skills Enhancement Team	01-Jan-1900	01-Jul-2008	Community skills enhancement teams provide non-residential, activity-based services to assist people with psychiatric disabilities to improve their life skills, overcome social isolation and return to optimal functioning.
1113	Psychogeriatric Team	01-Jan-1900	01-Jul-2011	Psychogeriatric teams provide assessment and treatment services to people aged 65 and older with some flexibility based on the nature of the presenting problems. Includes inpatient, residential or community-based psychogeriatric teams.
1114	Youth Speciality Team	01-Jan-1900	01-Jul-2011	Youth specialty teams provide assessment and treatment services to people aged 15-19 years inclusive. Includes inpatient, residential or community-based youth specialty teams.

Code	Description	Code Valid From	Code Valid To	Note
1117	Needs Assessment and Service Co-ordination Team	01-Jan-1900	01-Jul-2011	Needs assessment and service coordination teams provide comprehensive assessment of needs and facilitation of ongoing provision of services and support to people with psychiatric disabilities. The assessment process meets the Standards for Needs Assessment for People with Disabilities (MOH). These teams are usually community-based.
1199	Other Team, not elsewhere defined	01-Jan-1900	01-Jul-2011	Any teams not specifically covered elsewhere.
Specialty Mental Health (SMeH)				
2100	SMeH Early Psychosis Intervention	1-Jul-2008	01-Jul-2011	Early psychosis intervention teams provide assessment and treatment services to people recently diagnosed with a psychotic illness.
2200	SMeH General Hospital Liaison	1-Jul-2008	01-Jul-2011	General hospital liaison teams provide assessment, advice to hospital staff, and treatment services for people who are in a general hospital ward or emergency department
2300	SMeH Maternal Mental Health	01-Jan-1900	01-Jul-2011	Maternal mental health teams provide assessment and treatment services to pregnant women, women in the postpartum period and their infants. Each team will have a team setting that is one of the following: community, residential or inpatient.
2400	SMeH Assertive Community Team	1-Jul-2008	01-Jul-2011	Assertive community teams provide intensive, community based assessment and treatment services for people with high and complex needs associated with a mental illness.
2500	SMeH Deaf Mental Health	01-Jan-1900	01-Jul-2011	Deaf mental health teams provide assessment, therapy and referral services for profoundly deaf people who require specialist mental health services. These teams are usually community-based.
2600	SMeH Refugee Mental Health	01-Jan-1900	01-Jul-2011	Refugee mental health teams provide assessment, treatment and liaison services for refugees and migrants who require specialist mental health services. These teams are usually community-based.

Code	Description	Code Valid From	Code Valid To	Note
2700	SMeH Intellectual Disability Dual Diagnosis Team	1-Jul-2008	01-Jul-2011	Intellectual disability dual diagnosis teams provide assessment and treatment services to people with co-existing problems of mental illness and intellectual disability. Each team will have a team setting that is one of the following: community, residential or inpatient.
2800	Specialist Psychotherapy Team	01-Jan-1900	01-Jul-2011	Specialist psychotherapy teams provide assessment and psychotherapy treatment to people with severe psychological disorders. These teams are usually community or outpatient based.
2900	Eating Disorder Team	01-Jan-1900	01-Jul-2011	Eating disorder teams provide assessment and treatment services to people with eating disorders. Each team will have a team setting that is one of the following: community, residential or inpatient.
2910	Intellectual Disability Dual Diagnosis Team	01-Jan-1900	01-Jul-2011	Intellectual disability dual diagnosis teams provide assessment and treatment services to people with co-existing problems of mental illness and intellectual disability. Includes inpatient, residential or community-based intellectual disability dual diagnosis teams.
Alcohol and Other Drug (AOD)				
3001	AOD Methadone	1-Jul-2008	01-Jul-2011	AOD Methadone Teams provide assessment and methadone treatment and monitoring for eligible people.
3002	AOD Detoxification	1-Jul-2008	01-Jul-2011	AOD inpatient detoxification provides detoxification for eligible people in an inpatient setting
3092	AOD Community Clinical	1-Jul-2008	01-Jul-2011	AOD community clinical teams have a primary purpose of providing non-residential assessment and treatment services to people with alcohol and other drug misuse or addictions.
3093	AOD Community Support	1-Jul-2008	01-Jul-2011	Community support teams have a primary purpose of providing non-residential support and rehabilitation services to people with alcohol and other drug misuse or addictions.

Code	Description	Code Valid From	Code Valid To	Note
3096	AOD Advocacy/Peer Support	1-Jul-2008	01-Jul-2011	AOD advocacy/peer support teams have a primary purpose of providing advocacy or peer support for people with alcohol and other drug misuse or addictions.
3097	AOD Family/Whānau Support	1-Jul-2008	01-Jul-2011	Family/whānau support teams have a primary purpose of providing support for families/whānau of people with alcohol and other drug misuse or addictions
3098	AOD Cultural Support	1-Jul-2008	01-Jul-2011	Cultural support teams have a primary purpose of providing cultural support for people with alcohol and other drug misuse or addictions
3099	AOD General Residential Support	1-Jul-2008	01-Jul-2011	AOD general residential support teams provide accommodation and treatment and/or detoxification and/or support in a community residence to eligible persons with alcohol and other drug misuse or addictions.
3110	Alcohol and Drug Kaupapa Māori Team	01-Jan-1900	01-Jul-2011	Alcohol and Drug Kaupapa Māori teams provide assessment and treatment services within a Māori Kaupapa to people with alcohol and other drug problems. Includes inpatient, residential or community-based Alcohol and Drug Kaupapa Māori teams. Note: Kaupapa Māori dual diagnosis mental health and alcohol and drug teams should be mapped to '3123'.
3111	Alcohol and Drug Dual Diagnosis Team	01-Jan-1900	01-Jul-2011	Alcohol and drug dual diagnosis teams provide assessment and treatment services to people with co-existing problems of mental illness and alcohol and drug use. Each team will have a team setting that is one of the following: community, residential or inpatient.
3121	Children and Youth, Alcohol and Drug Services Team	01-Jan-1900	01-Jul-2011	Children and youth, alcohol and drug teams provide assessment and treatment services to people aged 0-19 years inclusive with alcohol and other drug problems. Includes inpatient, residential or community-based teams.

Code	Description	Code Valid From	Code Valid To	Note
3122	Kaupapa Māori Tamariki and Rangatahi (child and youth) Mental Health Services Team	01-Jan-1900	01-Jul-2011	Kaupapa Māori Tamariki and Rangatahi mental health teams provide assessment and treatment services within a Māori Kaupapa to people aged 0-19 years inclusive. Includes inpatient, residential or community-based teams.
3123	Kaupapa Māori Dual Diagnosis Team	01-Jan-1900	01-Jul-2011	Kaupapa Māori dual diagnosis mental health and alcohol and drug teams provide assessment and treatment services within a Māori Kaupapa to people with co-existing problems of mental illness and alcohol and drug use. Includes inpatient, residential or community-based teams. Note: Alcohol and Drug Kaupapa Māori teams should be mapped to 1110.
Forensic (FOR)				
4001	FOR Minimum Secure	1-Jul-2008	01-Jul-2011	Forensic minimum secure teams provide assessment and treatment services in a minimally secure inpatient setting to alleged offenders charged with criminal offences, who have or are thought to have a psychiatric illness. Also includes individuals who are unable to be managed safely with general mental health services due to a high level of serious and persistent danger to others.
4002	FOR Medium Secure	1-Jul-2008	01-Jul-2011	Forensic medium secure teams provide assessment and treatment services in a medium secure inpatient setting to alleged offenders charged with criminal offences, who have or are thought to have a psychiatric illness. Also includes individuals who are unable to be managed safely with general mental health services due to a high level of serious and persistent danger to others.
4003	FOR Long Term Secure	1-Jul-2008	01-Jul-2011	Forensic long term secure teams provide assessment and treatment services on a long term basis in a secure setting to alleged offenders charged with criminal offences, who have or are thought to have a psychiatric illness. Also includes individuals who are unable to be managed safely with general mental health services due to a high level of serious and persistent danger to others.

Code	Description	Code Valid From	Code Valid To	Note
4004	FOR Court Liaison	1-Jul-2008	01-Jul-2011	Forensic court liaison teams provide assessment and advice services to the Courts regarding alleged offenders charged with criminal offences, who have or are thought to have a psychiatric illness.
4005	FOR Prison Liaison	1-Jul-2008	01-Jul-2011	Forensic prison liaison teams provide assessment, advice to prison health services and treatment services to prisoners who have or are thought to have a psychiatric illness.
4092	FOR Community Clinical	1-Jul-2008	01-Jul-2011	Forensic community clinical teams provide assessment and treatment services to alleged offenders charged with criminal offences, who have or are thought to have a psychiatric illness. Also includes individuals who are unable to be managed safely with general mental health services due to a high level of serious and persistent danger to others.
4098	FOR Cultural Support	1-Jul-2008	01-Jul-2011	Forensic cultural support teams have a primary purpose of providing cultural support for people using forensic mental health services.
4099	FOR General Residential Support	1-Jul-2008	01-Jul-2011	Forensic general residential support teams provide accommodation, rehabilitation and support in a community residence to eligible persons who have used the forensic inpatient mental health services.

2.3 Team Setting

A code that categorises the activity setting of the healthcare team. See table below:

Code	Description	Code Valid From	Code Valid To	Note
C	Community	1-Jul-2008	01-Jul-2011	
G	General Hospital	1-Jul-2008	01-Jul-2011	
I	Inpatient	1-Jul-2008	01-Jul-2011	
J	Court	1-Jul-2008	01-Jul-2011	
M	Mixed	1-Jul-2008	01-Jul-2011	
P	Prison	1-Jul-2008	01-Jul-2011	
R	Community Residential	1-Jul-2008	01-Jul-2011	

2.4 Team Service Type

A code that categorises whether the team is a designated cultural service healthcare team. See table below:

Code	Description	Code Valid From	Code Valid To	Note
KM	Kaupapa Māori Service	1-Jul-2008	01-Jul-2011	
NC	Mainstream Service	1-Jul-2008	01-Jul-2011	
OC	Other Cultural Service	1-Jul-2008	01-Jul-2011	
PI	Pacific Peoples Service	1-Jul-2008	01-Jul-2011	
AC	Asian Cultural Service	1-Jul-2008	01-Jul-2011	
CD	Consumer-driven Service	1-Jul-2008	01-Jul-2011	
PD	Profoundly Deaf Service	1-Jul-2008	01-Jul-2011	
RE	Refugee Service	1-Jul-2008	01-Jul-2011	

2.5 Team Target Population

A code that categorises the age group or target population group that the healthcare team provides service to. See table below:

Code	Description	Code Valid From	Code Valid To	Note
1	Older People Population	1-Jul-2008	01-Jul-2011	Formerly known as Psychogeriatric.
2	General Adult Population	1-Jul-2008	01-Jul-2011	
3	Youth Specific Population	1-Jul-2008	01-Jul-2011	
4	Child and Youth Population	1-Jul-2008	01-Jul-2011	
5	Child Specific Population	1-Jul-2008	01-Jul-2011	
6	Mixed Population	1-Jul-2008	01-Jul-2011	

3 LEGAL STATUS CODING

3.1 Legal Status Code

Code describing a consumer's legal status under the appropriate section of the Mental Health (Compulsory Assessment and Treatment) Act 1992, the Alcoholism and Drug Addiction Act 1966, the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003, the Criminal Procedure (Mentally Impaired Persons) Act 2003, or the Criminal Justice Act 1985.

<http://www.nzhis.govt.nz/documentation/codetables/nmdstab30.html>

See table below:

Legal Status Code	Legal Status Code Description	Legislation Commencement date	Legislation Conclusion date	Used for/Comment
AB	Criminal Justice Act, Section 116(6)(b)	01-Jan-1900	31-Aug-2004	Retired. Use the appropriate code to reflect current status under the Mental Health (CAT) Act or the IDCCR Act.
AC	Criminal Justice Act, Section 116(6)(b) Extension	01-Jan-1900	31-Aug-2004	Retired. Use the appropriate code to reflect current status under the Mental Health (CAT) Act or the IDCCR Act.
AD	Criminal Justice Act, Section 116(4)	01-Jan-1900	31-Aug-2004	Retired. Use the appropriate code to reflect current status under the Mental Health (CAT) Act or the IDCCR Act.
AE	Criminal Justice Act, Section 116(6)(b) Indefinite	01-Jan-1900	31-Aug-2004	Retired. Use the appropriate code to reflect current status under the Mental Health (CAT) Act or the IDCCR Act.
AG	Criminal Justice Act, Section 116(5)	01-Jan-1900	31-Aug-2004	Retired. Use the appropriate code to reflect current status under the Mental Health (CAT) Act or the IDCCR Act.
AH	Criminal Justice Act, Section 116(4) Extension	01-Jan-1900	31-Aug-2004	Retired. Use the appropriate code to reflect current status under the Mental Health (CAT) Act or the IDCCR Act.
AI	Criminal Justice Act, Section 116(4) Indefinite	01-Jan-1900	31-Aug-2004	Retired. Use the appropriate code to reflect current status under the Mental Health (CAT) Act or the IDCCR Act.
AS	Criminal Justice Act, Section 116(5) Extension	01-Jan-1900	31-Aug-2004	Retired. Use the appropriate code to reflect current status under the Mental Health (CAT) Act or the IDCCR Act.
AT	Criminal Justice Act, Section 116(5) Indefinite	01-Jan-1900	31-Aug-2004	Retired. Use the appropriate code to reflect current status under the Mental Health (CAT) Act or the IDCCR Act.
AU	Criminal Justice Act, Section 116(6)(a) Extension	01-Jan-1900	31-Aug-2004	Retired. Use the appropriate code to reflect current status under the Mental Health (CAT) Act or the IDCCR Act.
AV	Criminal Justice Act, Section 116(6)(a) Indefinite	01-Jan-1900	31-Aug-2004	Retired. Use the appropriate code to reflect current status under the Mental Health (CAT) Act or the IDCCR Act.
AW	Criminal Justice Act, Section 116(6)(a)	01-Jan-1900	31-Aug-2004	Retired. Use the appropriate code to reflect current status under the Mental Health (CAT) Act or the IDCCR Act.
AX	Criminal Justice Act, Section 117(1)(a)	01-Jan-1900	31-Aug-2004	Retired. Use the appropriate code to reflect current status under the Mental Health (CAT) Act or the IDCCR Act.

Legal Status Code	Legal Status Code Description	Legislation Commencement date	Legislation Conclusion date	Used for/Comment
CA	Alcohol & Drug Addiction Act, Section 21	01-Jan-1900		No change. Transfer from penal institution.
CB	Alcohol & Drug Addiction Act, Section 8	01-Jan-1900		No change. Voluntary detention.
CC	Alcohol & Drug Addiction Act, Section 9	01-Jan-1900		No change. Court ordered.
CE	Other Sections of the Alcohol & Drug Addiction Act	01-Jan-1900	31-Aug-2004	Retired. No longer required.
CF	Criminal Justice Act, Section 115(2)(a) Extension	01-Jan-1900	31-Aug-2004	Retired. Use code CL.
CG	Criminal Justice Act, Section 115(2)(a) Indefinite	01-Jan-1900	31-Aug-2004	Retired. Use code CL.
CJ	Mental Health Act, Sections 8 to 11	01-Jan-1900	31-Aug-2004	Retired. Sections 8, 9 and 10 no longer required. Use SM for section 11.
CK	Mental Health Act, Section 29	01-Jan-1900		No change. Community order.
CL	Mental Health Act, Section 30	01-Jan-1900		No change. Inpatient order.
CM	Mental Health Act, Section 55 *No longer used	01-Jan-1900	31-Aug-2004	Retired. No longer required.
CN	Criminal Justice Act, Section 117(1)(a) Extension	01-Jan-1900	31-Aug-2004	Retired. No longer required.
CO	Criminal Justice Act, Section 115(2)(a)	01-Jan-1900	31-Aug-2004	Retired. Use code CL.
CP	Criminal Justice Act, Section 118	01-Jan-1900	31-Aug-2004	Retired. Use code CL.
CQ	Health Act, Section 126A (5) *No longer used	01-Jan-1900	31-Aug-2004	Retired. No longer required.
CR	Other Sections, any Act	01-Jan-1900	31-Aug-2004	Retired. No longer required.
CS	Criminal Justice Act, Section 117(2) Extension	01-Jan-1900	31-Aug-2004	Retired. Use the appropriate code to reflect current status under the Mental Health (CAT) Act or the IDCCR Act.
CV	Criminal Justice Act, Section 117(1)(a) Indefinite	01-Jan-1900	31-Aug-2004	Retired. Use the appropriate code to reflect current status under the Mental Health (CAT) Act or the IDCCR Act.
CW	Criminal Justice Act, Section 117(2)	01-Jan-1900	31-Aug-2004	Retired. Use the appropriate code to reflect current status under the Mental Health (CAT) Act or the IDCCR Act.

Legal Status Code	Legal Status Code Description	Legislation Commencement date	Legislation Conclusion date	Used for/Comment
CX	Criminal Justice Act, Section 117(2) Indefinite	01-Jan-1900	31-Aug-2004	Retired. Use the appropriate code to reflect current status under the Mental Health (CAT) Act or the IDCCR Act.
CY	Criminal Justice Act, Section 118 Extension	01-Jan-1900	31-Aug-2004	Retired. Use code CL.
CZ	Criminal Justice Act, Section 118 Indefinite	01-Jan-1900	31-Aug-2004	Retired. Use code CL.
DA	IDCCR Act Section 35	01-Sep-2004		New code. Being transferred from penal institution or Mental Health system either for assessment or while the application of the compulsory care order is pending.
DB	IDCCR Act Section 45	01-Sep-2004		New Code. Compulsory care order has been given.
DC	CP(MIP) Act Section 24(2)(b) (unfit to stand trial)	01-Sep-2004		New code. Detained in a secure facility as a special care recipient under the IDCCR Act.
DD	CP(MIP) Act Section 24(2)(b) (insane)	01-Sep-2004		New code. Detained in a secure facility as a special care recipient under the IDCCR Act.
DE	CP(MIP) Act Section 34(1)(a)(ii)	01-Sep-2004		New code. Convicted and sentenced to a term of imprisonment and ordered to be detained in hospital as a special care recipient under the IDCCR Act.
HA	Health Act Section 126	01-Sep-2004		New code. Aged, infirm, or neglected persons who are living in unsanitary conditions or without proper care and attention.
HB	Health Act Section 126A(1) *No longer used	01-Jan-1900	31-Aug-2004	Retired. No longer required.
I	Voluntary Patient	01-Jan-1900		No change to code. Description changed to Voluntary from Informal.
MA	Criminal Justice Act Section 115(2)(a)/Section 11 Mental Health Act	01-Jan-1900	31-Aug-2004	Retired. No longer required.
MB	Criminal Justice Act Section 115(2)(a)/Section 13 Mental Health Act	01-Jan-1900	31-Aug-2004	Retired. No longer required.
MC	Criminal Justice Act Section 115(2)(a)/Section 14 Mental Health Act	01-Jan-1900	31-Aug-2004	Retired. No longer required.
MD	Criminal Justice Act Section 115(2)(a)/Section 15 Mental Health Act	01-Jan-1900	31-Aug-2004	Retired. No longer required.

Legal Status Code	Legal Status Code Description	Legislation Commencement date	Legislation Conclusion date	Used for/Comment
ME	Criminal Justice Act, Section 116 / Section 11, Mental Health Act	01-Jan-1900	31-Aug-2004	Retired. No longer required.
MF	Mental Health Act, Sections 12 and 13	01-Jan-1900	31-Aug-2004	Retired. Section 12 no longer required. Use SN for section 13.
MG	Mental Health Act, Section 14	01-Jan-1900	31-Aug-2004	Retired. No longer required. Use code SS for section 15(1).
MH	Mental Health Act, Section 15(2)	01-Jan-1900		No change. Judge extends time before decision made.
MJ	Mental Health Act, Section 29 Extension	01-Jan-1900	31-Aug-2004	Retired. Use code CK.
MK	Mental Health Act, Section 29 Indefinite	01-Jan-1900	31-Aug-2004	Retired. Use code CK.
MM	Mental Health Act, Section 30 Extension	01-Jan-1900	31-Aug-2004	Retired. Use code CL.
MN	Mental Health Act, Section 30 Indefinite	01-Jan-1900	31-Aug-2004	Retired. Use code CL.
MO	Criminal Justice Act, Section 116 / Section 13, Mental Health Act	01-Jan-1900	31-Aug-2004	Retired. No longer required.
MP	Criminal Justice Act, Section 116 / Section 14, Mental Health Act	01-Jan-1900	31-Aug-2004	Retired. No longer required.
MQ	Criminal Justice Act, Section 116 / Section 15, Mental Health Act	01-Jan-1900	31-Aug-2004	Retired. No longer required.
MR	Criminal Justice Act, Section 117(2) / Section 11, Mental Health Act	01-Jan-1900	31-Aug-2004	Retired. No longer required.
MS	Criminal Justice Act, Section 117(2) / Section 13, Mental Health Act	01-Jan-1900	31-Aug-2004	Retired. No longer required.
MT	Criminal Justice Act, Section 117(2) / Section 14, Mental Health Act	01-Jan-1900	31-Aug-2004	Retired. No longer required.
MU	Criminal Justice Act, Section 117(2) / Section 15, Mental Health Act	01-Jan-1900	31-Aug-2004	Retired. No longer required.

Legal Status Code	Legal Status Code Description	Legislation Commencement date	Legislation Conclusion date	Used for/Comment
MV	Criminal Justice Act, Section 118 / Section 11, Mental Health Act	01-Jan-1900	31-Aug-2004	Retired. No longer required.
MW	Criminal Justice Act, Section 118 / Section 13, Mental Health Act	01-Jan-1900	31-Aug-2004	Retired. No longer required.
MX	Criminal Justice Act, Section 118 / Section 14, Mental Health Act	01-Jan-1900	31-Aug-2004	Retired. No longer required.
MY	Criminal Justice Act, Section 118 / Section 15, Mental Health Act	01-Jan-1900	31-Aug-2004	Retired. No longer required.
MZ	Section 31 Mental Health Act (leave for inpatients)	01-Jan-1900		No change. Inpatient order but on leave in community.
PA	Parole Act Section 35	01-Sep-2004		New code. Directs a person to serve sentence on home detention.
RA	CP(MIP) Act Section 38(2)(a)	01-Sep-2004		New code. Remanded to undergo court ordered assessment on bail.
RB	CP(MIP) Act Section 38(2)(c)	01-Sep-2004		New code. Remanded to undergo court ordered assessment in hospital.
RC	CP(MIP) Act Section 24(2)(a) (unfit to stand trial)	01-Sep-2004		New code. Detained in a hospital as a special patient under the Mental Health (CAT) Act.
RD	CP(MIP) Act Section 24(2)(a) (insane)	01-Sep-2004		New code. Detained in a hospital as a special patient under the Mental Health (CAT) Act.
RE	CP(MIP) Act Section 44(1)	01-Sep-2004		New code. Detained in a hospital or secure facility pending hearing or trial.
RF	CP(MIP) Act Section 34(1)(a)(i)	01-Sep-2004		New code. Convicted and sentenced to a term of imprisonment and ordered to be detained in hospital as a special patient under the Mental Health (CAT) Act 1992.
RG	CP(MIP) Act Section 23	01-Sep-2004		New code. Persons found unfit to stand trial or insane undergoing enquiry to determine the most suitable method of dealing with the person under section 24 or section 25.
RH	CP(MIP) Act Section 35	01-Sep-2004		New code. Court has ordered that inquiries be made to determine the most suitable method of dealing with the person before making an order under section 34
RS	Remand, Criminal Justice Act, Section 121(2)(a)	01-Jan-1900	31-Aug-2004	Retired. Use code RA.
RT	Remand, Criminal Justice Act, Section 121(2)(b)(ii)	01-Jan-1900	31-Aug-2004	Retired. Use code RB.
RU	Remand, Criminal Justice Act, Section 121(ii)	01-Jan-1900	31-Aug-2004	Retired. Use code RE.

Legal Status Code	Legal Status Code Description	Legislation Commencement date	Legislation Conclusion date	Used for/Comment
RV	Remand, Other Sections, any act	01-Jan-1900	31-Aug-2004	Retired. No longer required.
SA	Special, Criminal Justice Act, Section 115(1)(a)	01-Jan-1900	31-Aug-2004	Retired. Use the appropriate code to reflect current status under the Mental Health (CAT) Act or the IDCCR Act.
SB	Special, Criminal Justice Act, Section 115(1)(b)	01-Jan-1900	31-Aug-2004	Retired. Use the appropriate code to reflect current status under the Mental Health (CAT) Act or the IDCCR Act
SC	Special, Mental Health Act, Sections 45 and 11	01-Jan-1900		No change. Special patients from penal institution.
SD	Special, Mental Health Act, Sections 45 and 13	01-Jan-1900		No change.
SE	Special, Mental Health Act, Section 46	01-Jan-1900		No change. Imprisoned but accepting voluntary treatment in secure inpatient setting.
SF	Special, CJA Amendment to SPA Section 171 (3)*Not used	01-Jan-1900	31-Aug-2004	Retired. No longer required.
SG	Special, Mental Health Act, Sections 45 and 30 Extension	01-Jan-1900	31-Aug-2004	Retired. Use code SL.
SH	Special, Mental Health Act, Sections 45 and 30 Indefinite	01-Jan-1900	31-Aug-2004	Retired. Use code SL.
SI	Special, any other sections of any Act	01-Jan-1900	31-Aug-2004	Retired. No longer required.
SJ	Restricted, Mental Health Act, Section 55	01-Jan-1900		No change. Restricted patient.
SK	Special, Mental Health Act, Sections 45 and 14	01-Jan-1900	31-Aug-2004	Retired. No longer required. New code SQ for section 45/15(1).
SL	Special, Mental Health Act, Sections 45 and 30	01-Jan-1900		No change.
SM	Mental Health (CAT) Act Section 11	01-Sep-2004		New code. Entering 5 day assessment.
SN	Mental Health (CAT) Act Section 13	01-Sep-2004		New code. Entering 14 day assessment.
SQ	Mental Health (CAT) Act Sections 45 and 15(1)	01-Sep-2004		New code. Patient transferred from penal institution to hospital for the purposes of assessment or an application is pending in Court for the making of a CTO.

Legal Status Code	Legal Status Code Description	Legislation Commencement date	Legislation Conclusion date	Used for/Comment
SR	Mental Health (CAT) Act Sections 45 and 15(2)	01-Sep-2004		New code. Patient transferred from penal institution to hospital for the purposes of assessment and an application is pending in Court for the making of a compulsory treatment order and the judge has extended the assessment period.
SS	Mental Health (CAT) Act Section 15(1)	01-Sep-2004		New code. Waiting to see judge. CTO applied for.
TA	Community Order, Criminal Justice Act Section 116 (4)/MHA Section 29	01-Jan-1900	31-Aug-2004	Retired. Use code CK.
TB	Community Order, CJA Section 116(4) / MHA, Section 29 Extension	01-Jan-1900	31-Aug-2004	Retired. Use code CK.
TC	Community Order, CJA Section 116(4) / MHA, Section 29 Indefinite	01-Jan-1900	31-Aug-2004	Retired. Use code CK.
TD	Community Order, CJA Section 116(5) / MHA, Section 29	01-Jan-1900	31-Aug-2004	Retired. Use code CK.
TE	Community Order, CJA Section 116(5) / MHA, Section 29 Extension	01-Jan-1900	31-Aug-2004	Retired. Use code CK.
TF	Community Order, CJA Section 116(5) / MHA, Section 29 Indefinite	01-Jan-1900	31-Aug-2004	Retired. Use code CK.
TG	Community Order, CJA Section 116(6)(a) / MHA, Section 29	01-Jan-1900	31-Aug-2004	Retired. Use code CK.
TH	Community Order, CJA Section 116(6)(a) / MHA, Section 29 Extension	01-Jan-1900	31-Aug-2004	Retired. Use code CK.
TI	Community Order, CJA Section 116(6)(a) / MHA, Section 29 Indefinite	01-Jan-1900	31-Aug-2004	Retired. Use code CK.
TJ	Community CJA, Section 116(6)(b) / MHA, Section 29	01-Jan-1900	31-Aug-2004	Retired. Use code CK.

Legal Status Code	Legal Status Code Description	Legislation Commencement date	Legislation Conclusion date	Used for/Comment
TK	Community CJA, Section 116(6)(b) / MHA, Section 29 Extension	01-Jan-1900	31-Aug-2004	Retired. Use code CK
TL	Community CJA, Section 116(6)(c) / MHA, Section 29 Indefinite	01-Jan-1900	31-Aug-2004	Retired. Use code CK.
TM	Community Order, CJA Section 117(2) / MHA, Section 29	01-Jan-1900	31-Aug-2004	Retired. Use code CK.
TN	Community Order, CJA Section 117(2) / MHA, Section 29 Extension	01-Jan-1900	31-Aug-2004	Retired. Use code CK.
TO	Community Order, CJA Section 117(2) / MHA, Section 29 Indefinite	01-Jan-1900	31-Aug-2004	Retired. Use code CK.
TP	Community Order, CJA Section 117(2) / MHA, Section 29	01-Jan-1900	31-Aug-2004	Retired. Use code CK.
TQ	Community Order, CJA Section 117(2) / MHA, Section 29 Extension	01-Jan-1900	31-Aug-2004	Retired. Use code CK.
TR	Community Order, CJA Section 117(2) / MHA, Section 29 Indefinite	01-Jan-1900	31-Aug-2004	Retired. Use code CK.
TS	Community Order, CJA Section 118 / MHA, Section 29	01-Jan-1900	31-Aug-2004	Retired. Use code CK.
TT	Community Order, CJA Section 118 / MHA, Section 29	01-Jan-1900	31-Aug-2004	Retired. Use code CK.
TU	Community Order, CJA Section 118 / MHA, Section 29 Extension	01-Jan-1900	31-Aug-2004	Retired. Use code CK.
TV	Community Order, CJA Section 115(2)(a) / MHA, Section 29	01-Jan-1900	31-Aug-2004	Retired. Use code CK.
TW	Community Order, CJA Section 115(2)(a) / MHA, Section 29 Extension	01-Jan-1900	31-Aug-2004	Retired. Use code CK.

Legal Status Code	Legal Status Code Description	Legislation Commencement date	Legislation Conclusion date	Used for/Comment
TX	Community Order, CJA Section 115(2)(a) / MHA, Section 29 Indefinite	01-Jan-1900	31-Aug-2004	Retired. Use code CK.
TY	Community Order, MHA 29(3)(a) inpatient treatment up to 14 days	01-Jan-1900		No change. Patient under community order having brief inpatient episode.

4 ACTIVITY CODING

4.1 Activity Type

The 'Activity Type' classifies the type of healthcare activity provided to the consumer. See table below:

Code	Description	Code Valid From	Code Valid To	Note
T01	Mental health crisis attendances	01-Jan-1900	01-Jul-2011	Unplanned intervention involving the consumer in assessment and/or treatment to stabilise symptoms in urgent situations which require an immediate response.
T02	Mental health intensive care inpatient occupied bed days	01-Jan-1900	01-Jul-2011	Time spent by a consumer in a mental health intensive care inpatient service. These 24-hour care and treatment services are provided to manage people with serious acute mental health disorders, whose condition presents a danger to themselves or other people. These consumers are generally the subject of a compulsory assessment or treatment order.
T03	Mental health acute inpatient occupied bed days	01-Jan-1900	01-Jul-2011	Time spent by a consumer in a mental health acute inpatient service. These 24-hour care and treatment services are provided to people experiencing severe acute symptoms, requiring intensive input for a short period of time.
T04	Mental health sub-acute inpatient occupied bed days	01-Jan-1900	01-Jul-2011	Time spent by a consumer in a mental health sub-acute inpatient service. These 24-hour care and treatment services are provided to manage unwell people, requiring less intensive input for a longer period of time.
T05	Mental health crisis respite care occupied bed days	01-Jan-1900	01-Jul-2011	Time spent by a consumer in a mental health crisis respite care service. Home-based or residential services are provided as an option for people who would otherwise require admission to acute inpatient mental health services.
T06	Mental health individual treatment attendances	01-Jan-1900	1-Jul-2008	Individual assessment, treatment, care planning, review and discharge services (provided for less than 3 hours). Family/whānau or significant others may be present. Note: <i>family or couple therapy should be coded as T32.</i>
T07	Mental health group programme attendances	01-Jan-1900	01-Jul-2011	Assessment, treatment, care planning, review and discharge services provided in a group setting (for less than 3 hours).
T08	Mental health care co-ordination contacts	01-Jan-1900	01-Jul-2011	Significant contact between mental health professionals and other agencies/persons relating to the care of a consumer, to ensure continuity of service provision, where the mental health service is the lead agency. Consumer generally not present.
T09	Early psychosis intervention attendances	01-Jan-1900	01-Jul-2011	Assessment and treatment services provided to people experiencing a first psychotic illness, aimed at minimising the risk of chronicity.
T10	Support needs assessment attendances	01-Jan-1900	01-Jul-2011	Comprehensive assessment and review of consumer's living and support needs; the goal being return to optimal levels of functioning.

Code	Description	Code Valid From	Code Valid To	Note
T11	Mental health maximum secure inpatient occupied bed days	01-Jan-1900	01-Jul-2011	Time spent by a consumer in a mental health maximum secure inpatient service. These 24-hour care and treatment services are provided to eligible people who require higher levels of observation and intensive treatment and/or secure care over longer periods than can be provided in medium secure units.
T12	Mental health medium secure inpatient occupied bed days	01-Jan-1900	01-Jul-2011	Time spent by a consumer in a mental health medium secure inpatient service. These 24-hour care and treatment services are provided to eligible people who are in need of more intensive assessment and/or treatment than can be provided in a less secure setting.
T13	Mental health minimum secure inpatient occupied bed days	01-Jan-1900	01-Jul-2011	Time spent by a consumer in a mental health minimum secure inpatient service. These 24-hour care and treatment services are provided for eligible persons as part of recovery oriented process.
T14	Mental health forensic pre-discharge hostel occupied bed days	01-Jan-1900	01-Jul-2011	Time spent by a consumer in a mental health forensic pre-discharge hostel. These 24-hour care and treatment services are provided in a step-down facility within forensic services and usually within the hospital site.
T15	Court liaison attendances	01-Jan-1900	01-Jul-2011	Attendance at court by a staff member to provide advice, assessment and referral in respect of a consumer.
T16	Substance abuse detoxification occupied bed days (medical)	01-Jan-1900	01-Jul-2011	Time spent by a consumer in a medical substance abuse detoxification service. These 24-hour care and detoxification services are provided by or on behalf of contracted alcohol and drug providers or facilities in an inpatient setting.
T17	Substance abuse detoxification attendances (social)	01-Jan-1900	01-Jul-2011	Detoxification services provided by or on behalf of contracted alcohol and drug providers or facilities in a community setting.
T18	Methadone treatment specialist service attendances (consumers of specialist services)	01-Jan-1900	01-Jul-2011	Treatment or counselling services provided by staff from an alcohol and drug treatment provider or facility for people receiving methadone under specialist A&D service case management (excludes consumers of authorised GPs).
T19	Methadone treatment specialist service attendances (consumers of authorised GP's)	01-Jan-1900	01-Jul-2011	Treatment or counselling services provided by staff from an alcohol and drug treatment provider or facility for people receiving methadone prescribed by GPs under specialist service authority, while receiving case management from specialist A&D services.
T20	Substance abuse residential service occupied bed days	01-Jan-1900	01-Jul-2011	Time spent by a consumer in a substance abuse residential service. These 24-hour care and treatment services are provided to people with particular requirements unable to be met in less structured or supported settings.
T21	Psychiatric disability rehabilitation occupied bed days	01-Jan-1900	01-Jul-2011	Time spent by a consumer in a mental health psychiatric disability rehabilitation unit.

Code	Description	Code Valid From	Code Valid To	Note
T22	Mental health day treatment programme attendances	01-Jan-1900	01-Jul-2011	Provision of non-residential assessment, treatment and recovery oriented rehabilitative programme services (for more than 3 hours) to non-inpatient consumers requiring specialised programmes and/or more intensive care than can be provided within outpatient services.
T23	Mental health day activity programme attendances	01-Jan-1900	01-Jul-2011	Provision of non-residential therapeutic, recreational, social or other related programmes for more than 3 hours to non-inpatient consumers.
T24	Work opportunities programme attendances	01-Jan-1900	01-Jul-2011	Services provided to assist consumers to obtain, maintain or advance in employment
T25	Community mental health residential level 1 occupied bed days	01-Jan-1900	01-Jul-2011	Time spent by a consumer in level 1 community residential home. Brief/daily support provided by experienced non-clinical staff.
T26	Community mental health residential level 2 occupied bed days	01-Jan-1900	01-Jul-2011	Time spent by a consumer in level 2 community residential home. 24-hour support provided by non-clinical staff. May include sleepovers.
T27	Community mental health residential level 3 occupied bed days	01-Jan-1900	01-Jul-2011	Time spent by a consumer in level 3 community residential home. 24-hour support provided predominantly by non-clinical staff with some clinical staff available short term (day hours/sleep over).
T28	Community mental health residential level 4 occupied bed days	01-Jan-1900	01-Jul-2011	Time spent by a consumer in level 4 community residential home. 24-hour intensive support provided by a mix of clinical/non-clinical staff.
T29	Community mental health residential long-term occupied bed days	01-Jan-1900	01-Jul-2011	Time spent by a consumer in long-term community residential home. 24-hour support for consumers with complex needs over long term.
T30	Respite care occupied bed days	01-Jan-1900	01-Jul-2011	Time spent by a consumer in a respite care service or receiving home based respite care. For use by people who require a short break from their usual living situation (usually planned).
T31	Home based care contacts	01-Jan-1900	1-Jul-2008	Non-clinical support services provided to consumers with a psychiatric disability to enable them to stay in their own homes.
T32	Mental health contact with family/whānau	1-Jul-2002	01-Jul-2011	Time spent in contact with family/whānau or significant other discussing family/whānau issues related to the treatment/care/management of the service user, engaging in couple or family therapy. The service user may or may not be present. Excludes situations where family/whānau members accompany the service user to support them (coded T06, T43 or T09), whichever applies. Excludes treatment to be coded T01. Excludes care coordination (e.g. family group conferences and strengthening families meetings), to be coded T08.
T33	Seclusion	1-Jul-2008	01-Jul-2011	The placing of a consumer, at any time and for any duration, alone in a room or area from which they cannot freely exit.

Code	Description	Code Valid From	Code Valid To	Note
T34	ECT	1-Jul-2008	01-Jul-2011	Electro Convulsive Therapy
T35	Did not attend	1-Jul-2008	01-Jul-2011	The consumer did not participate in the activity
T36	Whānau/family face to face	1-Jul-2008	01-Jul-2011	Services provided in person and in conjunction with whānau/family.
T37	On leave	1-Jul-2008	01-Jul-2011	The absence of a consumer from the healthcare/support facility to which they were most recently admitted/entered. Leave is reported only where that consumer is absent at midnight
T38	Māori specific interventions only	1-Jul-2008	01-Jul-2011	<p>Application of Māori models of practice, traditional and contemporary, which recognise the value of culture to the healing process including whakawhānaungatanga and increased access to te ao Māori incorporating but not limited to: purakau; mau rakau; waiata; te reo; raranga; karakia; whakapapa; mirimiri and rongoa.</p> <p>This would also include services provided by tohunga, kaumatua, kuia, Māori staff and Māori cultural advisors.</p>
T39	Integrated Māori and clinical interventions	1-Jul-2008	01-Jul-2011	<p>In addition to receiving mainstream clinical interventions and services, the client also received integrated Māori specific services and clinical interventions (For example, application of Māori Models of practice, traditional and contemporary, which recognise the value of culture to the healing process including, but not limited to whakawhānaungatanga and increased access to te ao Māori, incorporating but not limited to: purakau; mau rakau; waiata; te reo; raranga; karakia; whakapapa; mirimiri; and rongoa. This would also include services provided by tohunga, kaumatua, kuia, Māori staff and Māori cultural advisors.</p> <p>It would also include those clinical interventions that are supported by a western approach such as Bio-medical, etc).</p>
T40	Pacific peoples cultural activity	1-Jul-2008	01-Jul-2011	Activity involving Pacific consumers which relates to the application of traditional and contemporary Pacific peoples cultural practices, processes and models of assessment, treatment and healing with appropriate and increased access to Pacific peoples families, communities and services.
T41	Other cultural specific activity	1-Jul-2008	01-Jul-2011	Application of other cultural models of practice, traditional and contemporary, which recognise the value of culture to the healing process.
T42	Mental health individual treatment attendances: Family not present	1-Jul-2008	01-Jul-2011	Individual assessment, treatment, care planning, review and discharge services (provided for less than 3 hours). Neither Family/whānau nor significant other are present.

Code	Description	Code Valid From	Code Valid To	Note
T43	Community Support Contacts	1-Jul-2008	01-Jul-2011	Support services provided to consumers with a mental illness and/or addiction to support/facilitate engagement with community, including accessing and maintaining accommodation, employment and social activity.
T44	Advocacy	1-Jul-2008	01-Jul-2011	Advocacy which enhances consumer empowerment and upholds the legal rights of consumers
T45	Peer Support	1-Jul-2008	01-Jul-2011	Formal and informal support such as peer support networks and information, access to life skills programmes, community resources and services.

4.2 Activity Setting

The 'Activity Setting' indicates the type of physical setting or contact channel that the activity was provided in. See table below:

Code	Description	Code Valid From	Code Valid To	Note
CM	Community	01-Jan-1900	01-Jul-2011	Service provided to a consumer in a non-hospital setting which is not specifically covered by any of the other definitions.
CO	Non-Māori cultural setting	01-Jan-1900	1-Jul-2003	Services provided in a cultural setting which is not Kaupapa Māori.
CR	Community Residential	01-Jan-1900	01-Jul-2011	Services provided in mental health residential settings that are deemed to be community not domiciliary.
CT	Court	01-Jan-1900	01-Jul-2011	Services provided in a Court, including when the Court is held at the healthcare agency.
DM	Domiciliary	01-Jan-1900	01-Jul-2011	Services provided to a consumer in their own home or place of residence.
DP	Day consumer setting	01-Jan-1900	01-Jul-2011	Services provided to day consumers at a day hospital on a hospital site.
ED	Emergency Department	01-Jan-1900	01-Jul-2011	Services provided in a hospital-based emergency department.
IP	Inpatient	01-Jan-1900	01-Jul-2011	Services provided in a hospital setting while the consumer is an inpatient.
MC	Māori cultural setting	01-Jan-1900	01-Jul-2011	Services provided in a setting working under kaupapa Māori.
NP	Non-psychiatric	01-Jan-1900	01-Jul-2011	Services provided in other parts of hospital.
OL	Other Location	1-Jul-2003	1-Jul-2008	Services provided in a location that is not specifically covered by any of the other definitions.
OP	Outpatient	01-Jan-1900	1-Jul-2003	Services provided in a hospital psychiatric outpatient service.
OS	Onsite	1-Jul-2003	01-Jul-2011	Services provided in a mental health or alcohol and drug service that is the clinicians place of work, not specifically covered by any of the other definitions.
PR	Prison	01-Jan-1900	01-Jul-2011	Services provided in a Prison, including police cells.
RE	Residential	1-Jul-2003	01-Jul-2011	Services provided in a community-based residential rehabilitative mental health or alcohol and drug service.
RU	Rural	01-Jan-1900	01-Jul-2011	Services provided in a community-based rural rehabilitative mental health or alcohol and drug service.
AV	Audio Visual	1-Jul-2002	01-Jul-2011	Services provided over a television or video-conference link.
WR	Written correspondence	01-Jan-1900	01-Jul-2011	Services provided via letter, fax or email.
PH	Telephone	1-Jul-2002	01-Jul-2011	Services provided where the contact with the service user is a clinically significant telephone call.
SM	SMS text messaging	1-Jul-2008	01-Jul-2011	Services provided via SMS cellular communications text messaging.

5 CLASSIFICATION

5.1 Clinical coding system id

A code identifying the clinical coding system used for diagnoses and procedures. See table below:

Code	Description	Note
01	ICD-9	
02	ICD-9-CM	
03	Read	
04	ICPC	
05	Continuum AMR codes	
06	ICD9-CMA	
07	DSM-IV	
08	SNOMED CT	For future introduction yet to be determined.
10	ICD-10-AM first edition	
11	ICD-10-AM second edition	
12	ICD-10-AM third edition	
13	ICD 10-AM sixth edition	For introduction from 1 July 2008.

5.2 Diagnosis Type

A code that groups clinical codes or indicates the priority of a 'Diagnosis'. See table below:

Code	Description	Code Valid From	Code Valid To	Note
A	Principal diagnosis	01-Jan-1900	01-Jul-2011	
B	Other relevant diagnosis	01-Jan-1900	01-Jul-2011	
C	Non-contributory cancer	01-Jan-1900	01-Jul-2011	
D	Underlying cause of death	01-Jan-1900	01-Jul-2011	
E	External cause of injury	01-Jan-1900	01-Jul-2011	
F	Selected contributory cause B1	01-Jan-1900	01-Jul-2011	
G	Selected contributory cause B2	01-Jan-1900	01-Jul-2011	
H	Main maternal disease in foetal or infant death	01-Jan-1900	01-Jul-2011	
I	Other maternal disease in foetal or infant death	01-Jan-1900	01-Jul-2011	
J	Other relevant disease in foetal or infant death	01-Jan-1900	01-Jul-2011	
L	Location of injury	01-Jan-1900	01-Jul-2011	
M	Pathological nature of growth	01-Jan-1900	01-Jul-2011	
N	Nature of Injury (mortality only)	01-Jan-1900	01-Jul-2011	
O	Operation / Procedure	01-Jan-1900	01-Jul-2011	
P	Mental health provisional diagnosis	01-Jan-1900	01-Jul-2011	

Code	Description	Code Valid From	Code Valid To	Note
S	Activity	01-Jan-1900	01-Jul-2011	

5.3 Issue coding system id

A code identifying the coding system used for issues. See table below:

Code	Description	Note
IS	To be confirmed	Code set to be developed by Te Pou.

5.4 Issue Type

A code that groups issue codes or indicates the priority of an issue. See table below:

Code	Description	Code Valid From	Code Valid To	Note
A	Principal issue	1-Jul-2008	01-Jul-2011	
B	Other relevant issue	1-Jul-2008	01-Jul-2011	
P	Mental health provisional issue	1-Jul-2008	01-Jul-2011	

6 REFERRAL DISCHARGE CODING

6.1 Referral From

The 'Referral From' identifies groups of services or people who are sources of mental health and addiction referrals.

Code	Description	Code Valid From	Code Valid To	Note
PI	Psychiatric inpatient	01-Jan-1900	01-Jul-2011	Psychiatric inpatient service.
OP	Psychiatric outpatients	01-Jan-1900	01-Jul-2011	Psychiatric outpatient service.
CM	Adult community mental health services	01-Jan-1900	01-Jul-2011	Adult community service, including mobile community teams.
AD	Alcohol and drug	01-Jan-1900	01-Jul-2011	Alcohol and drug provider or facility.
CA	Child adolescent and family mental health services	01-Jan-1900	01-Jul-2011	Child, adolescent and family service.
RE	Mental health residential	01-Jan-1900	01-Jul-2011	Mental health residential service.
SE	Mental health community skills enhancement programme	01-Jan-1900	01-Jul-2011	Mental health community skills enhancement programme.
NA	Needs assessment and co-ordination service	01-Jan-1900	01-Jul-2011	Needs assessment and co-ordination service.
KM	Māori	01-Jan-1900	01-Jul-2011	Māori provider or facility.
KP	Pacific peoples	01-Jan-1900	01-Jul-2011	Pacific peoples provider or facility.
NP	Hospital referral (non-psychiatric)	01-Jan-1900	01-Jul-2011	Hospital facility which is not psychiatric inpatient, paediatrics, public health or emergency services.
DH	Day hospital	01-Jan-1900	01-Jul-2011	Day hospital.
AE	Accident and emergency	01-Jan-1900	01-Jul-2011	Accident and emergency department or service.
PD	Paediatrics	01-Jan-1900	01-Jul-2011	Paediatric setting or a paediatrician.
PH	Public health	01-Jan-1900	01-Jul-2011	Child or adolescent referred from or to a non mental health community provider, e.g. public health nurse, Plunket.
GP	General practitioner	01-Jan-1900	01-Jul-2011	General practitioner or medical centre, including private after hours emergency services.
PP	Private practitioner	01-Jan-1900	01-Jul-2011	Private practitioner, e.g. psychologist, psychiatrist, medical specialist in private practice.
ED	Education sector	01-Jan-1900	01-Jul-2011	Educational institution including schools, pre school, kindergarten, school guidance counsellor, special education services.
SW	Social Welfare	01-Jan-1900	01-Jul-2011	Government social welfare, e.g. CYPFA (Children, Young Persons and their Families Agency), WINZ (Work and Income New Zealand).
JU	Justice	01-Jan-1900	01-Jul-2011	Justice, Courts, corrections or youth justice.

Code	Description	Code Valid From	Code Valid To	Note
PO	Police	01-Jan-1900	01-Jul-2011	Police.
SR	Self or relative referral	01-Jan-1900	01-Jul-2011	Self, relatives, whānau, family or significant other person, or referred to relatives, whānau, family or significant other person.
OT	Other	01-Jan-1900	01-Jul-2011	Other service or agency not specified elsewhere.
VS	Vocational Service	1-Jul-2008	01-Jul-2011	
CS	Community Support Service	1-Jul-2008	01-Jul-2011	
UN	Unknown	01-Jan-1900	01-Jul-2011	Not known.
NR	No further referral	01-Jan-1900	01-Jul-2011	

6.2 Referral To

The 'Referral To' identifies groups of services or people who are destinations of mental health and addiction referrals.

Code	Description	Code Valid From	Code Valid To	Note
PI	Psychiatric inpatient	01-Jan-1900	01-Jul-2011	Psychiatric inpatient service.
OP	Psychiatric outpatients	01-Jan-1900	01-Jul-2011	Psychiatric outpatient service.
CM	Adult community mental health services	01-Jan-1900	01-Jul-2011	Adult community service, including mobile community teams.
AD	Alcohol and drug	01-Jan-1900	01-Jul-2011	Alcohol and drug provider or facility.
CA	Child adolescent and family mental health services	01-Jan-1900	01-Jul-2011	Child, adolescent and family service.
RE	Mental health residential	01-Jan-1900	01-Jul-2011	Mental health residential service.
SE	Mental health community skills enhancement programme	01-Jan-1900	01-Jul-2011	Mental health community skills enhancement programme.
NA	Needs assessment and co-ordination service	01-Jan-1900	01-Jul-2011	Needs assessment and co-ordination service.
KM	Māori	01-Jan-1900	01-Jul-2011	Māori provider or facility.
KP	Pacific peoples	01-Jan-1900	01-Jul-2011	Pacific peoples provider or facility.
NP	Hospital referral (non-psychiatric)	01-Jan-1900	01-Jul-2011	Hospital facility which is not psychiatric inpatient, paediatrics, public health or emergency services.
DH	Day hospital	01-Jan-1900	01-Jul-2011	Day hospital.
AE	Accident and emergency	01-Jan-1900	01-Jul-2011	Accident and emergency department or service.
PD	Paediatrics	01-Jan-1900	01-Jul-2011	Paediatric setting or a paediatrician.

Code	Description	Code Valid From	Code Valid To	Note
PH	Public health	01-Jan-1900	01-Jul-2011	Child or adolescent referred from or to a non mental health community provider, e.g. public health nurse, Plunket.
GP	General practitioner	01-Jan-1900	01-Jul-2011	General practitioner or medical centre, including private after hours emergency services.
PP	Private practitioner	01-Jan-1900	01-Jul-2011	Private practitioner, e.g. psychologist, psychiatrist, medical specialist in private practice.
ED	Education sector	01-Jan-1900	01-Jul-2011	Educational institution including schools, pre school, kindergarten, school guidance counsellor, special education services.
SW	Social Welfare	01-Jan-1900	01-Jul-2011	Government social welfare, e.g. CYPFA (Children, Young Persons and their Families Agency), WINZ (Work and Income New Zealand).
JU	Justice	01-Jan-1900	01-Jul-2011	Justice, Courts, corrections or youth justice.
PO	Police	01-Jan-1900	01-Jul-2011	Police.
SR	Self- or relative referral	01-Jan-1900	01-Jul-2011	Self, relatives, whānau, family or significant other person, or referred to relatives, whānau, family or significant other person.
OT	Other	01-Jan-1900	01-Jul-2011	Other service or agency not specified elsewhere.
VS	Vocational Service	1-Jul-2008	01-Jul-2011	
CS	Community Support Service	1-Jul-2008	01-Jul-2011	
UN	Unknown	01-Jan-1900	01-Jul-2011	Not known.
NR	No further referral	01-Jan-1900	01-Jul-2011	

6.3 Referral End code

Details describing the exit of a consumer from a mental health or addiction service.

Code	Description	Code Valid From	Code Valid To	Note
DD	Died	01-Jan-1900	01-Jul-2011	Maps to MHINC Code D. Consumer died while registered with team.
DG	Gone No Address or Lost to follow-up.	1-Jul-2008	01-Jul-2011	New code 2008.
DM	Consumer did not attend following the referral.	1-Jul-2008	01-Jul-2011	New code 2008.
DR	Ended routinely	01-Jan-1900	01-Jul-2011	Maps to MHINC Code C. Discharge by team - completion of treatment associated with all service codes utilised by this consumer at this team.
DS	Self discharge from hospital	1-Jul-2008	01-Jul-2011	
DT	Discharge of consumer to another healthcare facility	1-Jul-2008	01-Jul-2011	
DW	Discharge to other service within same facility	1-Jul-2008	01-Jul-2011	
RI	Referral declined – Inability to provide services requested.	1-Jul-2008	01-Jul-2011	
RO	Referral declined – Other services more appropriate.	1-Jul-2008	01-Jul-2011	

7 COLLECTION OCCASION AND OUTCOME TOOL CODING

7.1 Reason for Collection

The reason for the collection of the standard measures and individual data items on the identified 'Collection Occasion'. See table below:

Code	Description	Code Valid From	Code Valid To	Note
RC01	New Referral for Assessment Only	01-Jul-2005	01-Jul-2011	Admission to Mental Health Care (maximum of 2 face-to-face contacts).
RC02	New Referral	01-Jul-2005	01-Jul-2011	Admission to Mental Health Care.
RC03	Admitted from other treatment setting	01-Jul-2005	01-Jul-2011	Admission to Mental Health Care.
RC04	Admission – other	01-Jul-2005	01-Jul-2011	Admission to Mental Health Care.
RC05	3-month Review	01-Jul-2005	01-Jul-2011	Review of Mental Health Care.
RC06	Review – other	01-Jul-2005	01-Jul-2011	Review of Mental Health Care.
RC07	No further care	01-Jul-2005	01-Jul-2011	Discharge from Mental Health Care.
RC08	Discharge to change of treatment setting	01-Jul-2005	01-Jul-2011	Discharge from Mental Health Care.
RC09	Discharge – lost to care	01-Jul-2005	01-Jul-2011	Discharge from Mental Health Care.
RC10	Death	01-Jul-2005	01-Jul-2011	Discharge from Mental Health Care.
RC11	Discharge following brief episode of care	01-Jul-2005	01-Jul-2011	Discharge from Mental Health Care (<3 days in inpatient care and <14 days in community care).
RC12	Discharge - other	01-Jul-2005	01-Jul-2011	Discharge from Mental Health Care.

7.2 Protocol Version

The version of the 'Information Collection Protocol' under which the data has been collected and submitted. See table below:

Code	Description	Code Valid From	Code Valid To	Note
0100	Version 1.0	06-Oct-2004	01-Nov-2005	MH-SMART
0110	Version 1.1	01-Nov-2005	01-Oct-2006	MH-SMART
0120	Version 1.2	01-Oct-2006	01-Jul-2011	MH-SMART

7.3 Focus of Care

A code that indicates what was the 'Focus Of Care' during the preceding period. See table below:

Code	Description	Code Valid From	Code Valid To	Note
FC01	Acute	01-Jul-2005	01-Jul-2011	The primary goal is the short term reduction in severity of symptoms and/or personal distress associated with the recent onset or exacerbation of a psychiatric disorder.
FC02	Functional Gain	01-Jul-2005	01-Jul-2011	The primary goal is to improve personal, social or occupational functioning or promote psychosocial adaptation in a consumer with impairment arising from a psychiatric disorder.
FC03	Intensive Extended	01-Jul-2005	01-Jul-2011	The primary goal is prevention or minimisation of further deterioration and the reduction of risk of harm in a consumer who has a stable pattern of severe symptoms, frequent relapses, and/or a severe inability to function independently, and is judged to require care over an indefinite period.
FC04	Maintenance	01-Jul-2005	01-Jul-2011	The primary goal is to maintain the level of functioning, minimise deterioration or prevent relapse where the consumer has stabilised and functions relatively independently.
FC05	Assessment Only	01-Jul-2005	01-Jul-2011	The primary goal is only to assess the consumer.
FC08	Not applicable	01-Jul-2005	01-Jul-2011	
FC09	Not stated / Missing	01-Jul-2005	01-Jul-2011	

7.4 Outcome Tool Type and Version

A code that identifies the 'Outcome Tool' that is being used for a particular 'Episode of Care'. See table below:

Code	Description	Measure Type	Code Valid From	Code Valid To	Note
A1	HoNOS	Clinical	01-Jul-2005	01-Jul-2011	General adult version as described in Wing J, Curtis R, Beevor A (1999), Health of the Nation Outcome Scales (HoNOS), Glossary for HoNOS score sheet. <i>British Journal of Psychiatry</i> 174:432-434.
G1	HoNOS65+	Clinical	01-Jul-2005	01-Jul-2011	As described in Burns A, Beevor A, Lelliott P, Wing J, Blakey A, Orrell M, Mulinga J, Hadden S (1999) Health of the Nation Outcome Scales for Elderly People (HoNOS 65+). <i>British Journal of Psychiatry</i> 174:424-427.
S1	HoNOS Secure	Clinical	01-Jul-2005	01-Jul-2011	As described in HoNOS-secure version 1, December 2002. Authors: Dr Philip Sugarman and Lorraine Walker, c/o St Andrew's Hospital, Billing Road, Northampton, NN1 5DG.

Code	Description	Measure Type	Code Valid From	Code Valid To	Note
L1	HoNOS LD	Clinical	01-Jul-2005	01-Jul-2011	HoNOS for people with learning disabilities as described by Ashok Roy, Helen Matthews, Paul Clifford, Vanessa Fowler and David M Martin: Health Of the Nations Outcome Scales for People with Learning Disabilities, Glossary for HoNOS-LD Score sheet. NOTE: Collected on SMA forms only (Age Group = 2 and 3) on the collection table and defaulted to the measures tables.
C1	HoNOSCA	Clinical	01-Jul-2005	01-Jul-2011	Gowers S, Harrington R, Whitton A, Beevor A, Lelliott P, Jezzard R, Wing J (1999b), Health of the Nation Outcome Scales for Children and Adolescents (HoNOSCA), Glossary for HoNOSCA score sheet. <i>British Journal of Psychiatry</i> 174:428-433.

7.5 Mode of Administration

The procedure or method used in the ascertainment and recording of the standard measure. See table below:

Code	Description	Code Valid From	Code Valid To	Note
MA01	Clinical rating completed following clinical assessment	01-Jul-2005	01-Jul-2011	
MA02	Clinical rating completed without clinical assessment (e.g. consumer unable to be located)	01-Jul-2005	01-Jul-2011	
MA03	Self-report completed by consumer using a paper and pencil format	01-Jul-2005	01-Jul-2011	
MA04	Self-report completed by consumer using a computer-based format	01-Jul-2005	01-Jul-2011	
MA05	Self-report read to consumer by clinician	01-Jul-2005	01-Jul-2011	
MA06	Self-report read to consumer by translator	01-Jul-2005	01-Jul-2011	
MA08	Not applicable (collection not required due to protocol exclusion or not collected for other reasons or refusal for a consumer measure)	01-Jul-2005	01-Jul-2011	
MA09	Not stated / Missing	01-Jul-2005	01-Jul-2011	

7.6 Collection Status

The status of the data recorded and, if missing data is recorded, the reason for the non-completion of the measure. See table below:

Code	Description	Code Valid From	Code Valid To	Note
CS01	Complete or partially complete	01-Jul-2005	01-Jul-2011	Clinician/Consumer
CS02	Not completed due to temporary contraindication (applies only to self-report measures)	01-Jul-2005	01-Jul-2011	Consumer
CS03	Not completed due to general exclusion (applies only to self-report measures)	01-Jul-2005	01-Jul-2011	Consumer

Code	Description	Code Valid From	Code Valid To	Note
CS04	Not completed due to refusal by consumer (applies only to self-report measures)	01-Jul-2005	01-Jul-2011	Consumer
CS07	Not completed for reasons not elsewhere classified	01-Jul-2005	01-Jul-2011	Clinician/ Consumer
CS08	Not completed due to protocol exclusion (e.g. Collection not required at admission immediately following inpatient discharge)	01-Jul-2005	01-Jul-2011	Clinician
CS09	Not stated/Missing	01-Jul-2005	01-Jul-2011	Clinician/Consumer

7.7 Outcome Item Code

An identifier that indicates the 'Outcome Measure Item' that is being measured. See table below:

Measure	Code	Description
HoNOS	01	Overactive, aggressive, disruptive or agitated behaviour.
	02	Non-accidental self-injury.
	03	Problem drinking or drug-taking.
	04	Cognitive problems.
	05	Physical illness or disability problems.
	06	Problems associated with hallucinations and delusions.
	07	Problems with depressed mood.
	08	Other mental and behavioural problems.
	08a	The type or kind of problem rated in Item 8.
	09	Problems with relationships.
	10	Problems with activities of daily living.
	11	Problems with living conditions.
	12	Problems with occupation and activities.
	S1	Behavioural problems summary score.
	S2	Impairment summary score.
	S3	Delusions/Hallucinations problems summary score.
	S4	Depression problems summary score.
	S5	Social problems summary score.
	T10	Total (10 Items) 1-10.
T12	Total (12 Items) 1-12.	
HoNOS65+	01	Behavioural disturbance (e.g. over-active, aggressive, disruptive, agitated, uncooperative or resistive behaviour).
	02	Non-accidental self-injury.
	03	Problem drinking or drug-taking.
	04	Cognitive problems.
	05	Physical illness or disability problems.
	06	Problems associated with hallucinations and delusions.
	07	Problems with depressive symptoms.
	08	Other mental and behavioural problems.
	08a	The type or kind of problem rated in Item 8.
	09	Problems with relationships.
	10	Problems with activities of daily living.
	11	Problems with living conditions.
	12	Problems with occupation and activities.
	S1	Behavioural problems summary score.
	S2	Impairment summary score.
	S3	Delusions/Hallucinations problems summary score.
S4	Depression problems summary score.	

Measure	Code	Description
	S5	Social problems summary score.
	T10	Total (10 Items) 1-10.
	T12	Total (12 Items) 1-12.
HoNOSCA	01	Problems with disruptive, antisocial or aggressive behaviour.
	02	Problems with over-activity, attention or concentration.
	03	Non-accidental self-injury.
	04	Problems with alcohol, substance or solvent misuse.
	05	Problems with scholastic or language skills.
	06	Physical illness or disability problems.
	07	Problems associated with hallucinations, delusions or abnormal perceptions.
	08	Problems with non-organic somatic symptoms.
	09	Problems with emotional and related symptoms.
	10	Problems with peer relationships.
	11	Problems with self-care and independence.
	12	Problems with family life and relationships.
	13	Poor school attendance.
	14	Problems with knowledge or understanding about the nature of the child or adolescent's difficulties (in the period rated).
	15	Problems with lack of information about services or management of the child or adolescent's difficulties.
	S1	Behavioural problems summary score.
	S2	Impairment summary score.
	S3	Symptomatic problems summary score.
	S4	Social problems summary score.
	S5	Information problems summary score.
T13	HoNOSCA Total (13 Item) score.	
T15	HoNOSCA Total (15 Item) score.	
HoNOS-LD	01	Behavioural problems directed at others.
	02	Behavioural problems directed at self (self-injury).
	03	Other mental and behavioural problems.
	03a	Most prominent behaviour type.
	04	Attention and concentration.
	05	Memory and orientation.
	06	Communication (problems with understanding).
	07	Communication (problems with expression).
	08	Problems associated with hallucinations and delusions.
	09	Problems associated with mood changes.
	10	Problems with sleeping.
	11	Problems with eating and drinking.
	12	Physical problems.
	13	Seizures.
	14	Activities of daily living at home.
	15	Activities of daily living outside the home.
	16	Level of self-care.
	17	Problems with relationships.
18	Occupation and activities.	
T18	Total HoNOS-LD (18 Item) 1-18 (excl. 3a).	
HoNOS Secure	SA	Potential harm to others.
	SB	Potential self-harm and self-neglect.
	SC	Need for building security.
	SD	Need for safety – staff living environment.
	SE	Need for escort on leave.

Measure	Code	Description
	SF	Potential harm from others.
	SG	Need for special clinical procedures.
	TS7	Total HoNOS Secure (7 Items) 1-7.

7.8 Outcome Item Value

A code that indicates the consumers 'Outcome Score' for a particular Item measured as per the protocol for a particular measurement tool. See table below:

Tool	Code	Description	Code Valid From	Code Valid To	Note	
HoNOS	0	No problem within the period rated	01-Jul-2005	01-Jul-2011		
HoNOS65+	1	Sub-threshold problem	01-Jul-2005	01-Jul-2011		
HoNOSCA	2	Mild but definitely present	01-Jul-2005	01-Jul-2011		
HoNOS-LD	3	Moderately severe	01-Jul-2005	01-Jul-2011		
HoNOS Secure	4	Severe to very severe	01-Jul-2005	01-Jul-2011		
	7	Unable to rate (insufficient information)	01-Jul-2005	01-Jul-2011		
	8	Not applicable (collection not required due to protocol exclusion or not collected for other reasons)	01-Jul-2005	01-Jul-2011		
	9	Not stated/missing	01-Jul-2005	01-Jul-2011		
HoNOS (Outcome item code 08a only)	A	Phobic	01-Jul-2005	01-Jul-2011		
	B	Anxiety	01-Jul-2005	01-Jul-2011		
HoNOS 65+ (Outcome item code 08a only)	C	Obsessive-compulsive	01-Jul-2005	01-Jul-2011		
	D	Stress	01-Jul-2005	01-Jul-2011		
HoNOS Secure (Outcome item code 08a only)	E	Dissociative	01-Jul-2005	01-Jul-2011		
	F	Somatoform	01-Jul-2005	01-Jul-2011		
	G	Eating	01-Jul-2005	01-Jul-2011		
	H	Sleep	01-Jul-2005	01-Jul-2011		
	I	Sexual	01-Jul-2005	01-Jul-2011		
	J	Other	01-Jul-2005	01-Jul-2011		
	X	Not Applicable	01-Jul-2005	01-Jul-2011		
	Z	Not Stated/Missing	01-Jul-2005	01-Jul-2011		
	HoNOS-LD (Outcome item	A	Behaviour destructive to property	01-Jul-2005	01-Jul-2011	

Tool	Code	Description	Code Valid From	Code Valid To	Note
code 03a only)	B	Problems with personal behaviours	01-Jul-2005	01-Jul-2011	for example, spitting, smearing, eating rubbish, self-induced vomiting, continuous eating or drinking, hoarding rubbish, inappropriate sexual behaviour
	C	Rocking, stereotyped and ritualistic behaviour	01-Jul-2005	01-Jul-2011	
	D	Anxiety, phobias, obsessive or compulsive behaviour	01-Jul-2005	01-Jul-2011	
	E	Others	01-Jul-2005	01-Jul-2011	
	X	Not Applicable	01-Jul-2005	01-Jul-2011	
	Z	Not Stated/Missing	01-Jul-2005	01-Jul-2011	

APPENDIX A GLOSSARY

The following definitions are integral to the understanding of this document.

Term	Definition
Admission/Admitted	In the case of mental health and addiction, this does not mean the admission of a consumer to a facility. It is where a consumer is accepted for treatment by a service, either by way of an inpatient admission, or with outpatient services.
CLIC	Client Information Collection database.
Consumer	A person who accesses publicly funded healthcare. This person may be referred to elsewhere as a 'Healthcare User', 'Client' or 'Patient'.
CPN	Common Person Number.
DAMHS	Director of Area Mental Health Services.
Data Element	An atomic piece of data, e.g. first name, last name etc.
Data Group	Group of data elements of related data, e.g. consumer identification, demographic data.
Data Set	Collection of data groups, used for specific purposes, e.g. referral data set, exit data set.
Data Source	An organisation (usually) or authorised person that supplies data about a practitioner, health worker, organisation or facility to the HPI.
DHB	District Health Board.
Exit	The relinquishing of consumer care/support in whole or in part by a healthcare provider or organisation. There are two common types of exit: (a) administrative; (b) clinical exit. In other settings, 'Exit' may be referred to as 'Discharge'.
Exit Referral	A referral occurring in the context of exit and comprising a referral with an attached exit summary.
Exit Summary	A collection of information, reported by a provider or organisation, about events at the point of exit.
Facility	A single physical location from which health goods and/or services are provided.
Health Practitioner Index (HPI)	A centrally managed utility that is used to collect and distribute practitioner, health worker, organisation and facility data. The HPI will facilitate the timely and secure exchange of health information, ensure the accurate and unique identification of practitioners, health workers, organisations and facilities and offer operational support for health organisations that use that data and provide information of interest to the public. Data is supplied by authorised data sources and distributed to authorised consumers. The Ministry of Health (as the HPI Administrator) manages the HPI.
Health Professional	A person who is, or is deemed to be, registered with an authority established or continued by section 114 of the HPCA Act 2003, as a practitioner of a particular health profession.
Health Worker	A person not registered with a responsible authority who works within the health sector.
Healthcare Provider	A person or organisation that provides consumer health care services.
Healthcare User	A person who accesses publicly funded healthcare, this person may also be referred to as a 'Consumer', 'Client' or 'Patient'.
HoNOS	Health of the Nation Outcome Scales.

Term	Definition
HoNOS - LD	Health of the Nation Outcome Scales – Learning Disabilities.
HoNOS - Secure	Health of the Nation Outcome Scales for users of secure services.
HoNOS65+	Health of the Nation Outcome Scales (for those over 65 years).
HoNOSCA	Health of the Nation Outcome Scales for Children and Adolescents.
HPI Administrator	The administrative staff – employed by the MoH – who authorise and maintain data about organisations; and monitor the data quality and consistency in the HPI (this includes practitioner, health worker, organisation, and facility uniqueness).
KPI Project	A Key Performance Indicator Framework for New Zealand Mental Health and Addiction Services
MHINC	Mental Health Information National Collection.
MH-SMART	Mental Health – Standard Measures of Assessment and Recovery
NGO	Non Government Organisation.
NZHIS	New Zealand Health Information Service.
Organisation	An entity that provides services of interest to, or is involved in, the business of healthcare service provision. There may be a hierarchical (parent-child) relationship between organisations.
Patient	A person who accesses publicly funded healthcare, this person may also be referred to as a healthcare user, consumer, or client.
Person	An individual person who can assume multiple roles over time. In the HPI, 'person' is synonymous with practitioner, health worker, and user.
PHO	Primary Healthcare Organisation.
Practising Certificate	A practising certificate issued by the relevant authority (Responsible Authority) under section 26(3) or section 29(4), or deemed to have been issued under section 191(2), of the Health Practitioners Competence Assurance Act 2003. This may be issued annually or for a shorter interim period.
Practitioner	A person who is, or is deemed to be, or has been registered with, a Responsible Authority as a practitioner of a particular health profession under the HPCA Act 2003.
PRIMHED	Project for the Integration of Mental Health Data
Privacy	The right of an individual to control access to and distribution of, information about themselves.
Referral	<p>Referral may take several forms, most notably:</p> <ul style="list-style-type: none"> (a) request for management of a problem or provision of a service, e.g. a request for an investigation, intervention or treatment; (b) notification of a problem with the hope, expectation or imposition of its management, e.g. an exit summary in a setting, which imposes care/support responsibility on the recipient. <p>The common factor in all referrals is a communication whose intent is the transfer of care/support, in part or in whole.</p>
Referred To Healthcare Provider	The healthcare team/provider to which a consumer has been referred for advice or treatment by a referring healthcare provider. The 'Referred To Healthcare Provider' may be an individual or facility.
Referring Healthcare Provider	The healthcare team/provider that is referring the consumer for advice or treatment. The referring team/provider generally has primary care responsibilities for the consumer. Typically, the referring team/provider

Term	Definition
	will be a General Practitioner, but may be referred to healthcare team/provider (see Referring Specialist).
Referring Specialist	A 'Referred To Healthcare Provider' who is referring a consumer for advice or treatment, but not back into the care/support of the 'Referring Healthcare Provider'.
Relationship	The HPI will be able to record one or more relationships between practitioner, health worker, organisation and facility records.
Service Provider	Any service that provides mental health and addiction services, including, but not limited to: NGOs; DHB Provider Arms; PCP; PHOs; other community agencies.
Specialist	See 'Referred To Healthcare Provider' and 'Referring Healthcare Provider', above. In the context of referrals, clinical status reports and exit summaries, a specialist is an individual, not a facility.
Team	A team consisting of a person or functionally discrete grouping of people providing mental health and addiction services within a service provider.

APPENDIX B BIBLIOGRAPHY

Details of established data definitions or guidelines for data elements that have been cited in this Standard are:

AS/NZS 7799.2:2000 *Information security management, Part 2: Specification for information security management systems*: This standard forms the basis for an assessment of the information security information management systems (ISMS) of a whole, or part, of an organisation. It may be used as a basis for formal certification. This standard was formerly known as AS 4444.2:2000. AS/NZS 7799 should be read in conjunction with AS/NZS ISO/IEC 17799.

AS/NZS ISO/IEC 17799:2001 *Information technology - Code of practice for information security management*: Provides recommendations for information security management for use by those who are responsible for initiating, implementing or maintaining security in their organisation. It is helpful in developing organisational security standards and effective security management practice.

New Zealand Privacy Commissioner Web Site <www.privacy.org.nz>: Details current Commonwealth privacy legislation, regulations, codes, principles, and other privacy information/links relevant for New Zealand, for both the public and private sectors.

Health Level Seven (HL7): Is an international health data messaging standard published by Health Level Seven Inc. (Ann Arbor, USA). The standard provides guidance for data exchange formats and unification of software interfaces for administrative and clinical data. AS 4700 provides an Implementation Standard for Australia for this international HL7 Standard. See also Section 4 'Messaging' and www.hl7.org

Statistics New Zealand Country Code List (NZSCC99): Lists all countries, identified with a four digit number.

NZHS *Mental Health Information National Collection Data Dictionary (version 3.8)* July 2006: provides the business and data element rules for the current MHINC system

MHRD New Zealand Mental Health Standards and Measures of Assessment and Recovery (MH-SMART) Initiative – Information Collection Protocol v1.1: provides business rules, protocols, that were developed as part of the MH-SMART project

HDZ 10011/PPC *Referrals, Status and Discharge Business Process Standard (Pre Public Comment Draft)*: provides guidance on business processes relating to a Consumers passage through the health sector