

## Primary Mental Health Care Minimum Data Set- Types of Service Contacts

Category	Definitions
<b>Assessment</b>	Determination of a person's mental health status and need for mental health services, made by suitably trained mental health professional, based on collection and evaluation of data obtained through interview and observation, of the person's history and presenting problem(s). Assessment may include consultation with person's family and concludes with formation of problems/issues, documentation of preliminary diagnosis, and treatment plan.
<b>Structured psychological intervention</b>	Psychological interventions which include structured interaction between you and client using recognised, psychological method (e.g., cognitive behavioural techniques, relaxation strategies, skills training, interpersonal therapy, family therapy, or psycho-education counselling). Structured psychological interventions are designed to alleviate psychological distress or emotional disturbance, change maladaptive behaviour and foster mental health. Can be delivered to either an individual client or group of clients, typically in an office or community setting. May be delivered by trained mental health professionals or other individuals with appropriate competencies but who do not meet the requirements for registration, credentialing or recognition as a mental health professional. Structured Psychological Therapies include but are not limited to: <ul style="list-style-type: none"> <li>• Psycho-education (including motivational interviewing); Cognitive-behavioural therapies; Relaxation strategies; Skills training; Interpersonal therapy</li> </ul>
<b>Other psychological intervention</b>	Psychological interventions that do not meet criteria for structured psychological intervention.
<b>Clinical care coordination/ liaison</b>	Activities focused on working in partnership and liaison with other healthcare and service providers and other individuals to coordinate and integrate service delivery to the client with the aim of improving their clinical outcomes. Consultation and liaison may occur with primary healthcare providers, acute health, emergency services, rehabilitation and support services, family, friends, other support people and carers and other agencies that have some level of responsibility for the client's treatment and/or wellbeing.
<b>Clinical nursing services</b>	Services delivered by mental health nurses that cannot be described elsewhere. Typically, these aim to provide clinical support to clients to effectively manage their symptoms and avoid unnecessary hospitalisation. Clinical nursing services include: <ul style="list-style-type: none"> <li>• monitoring a client's mental state;</li> <li>• liaising closely with family and carers as appropriate;</li> <li>• administering and monitoring compliance with medication;</li> <li>• providing information on physical healthcare that assists in addressing the physical health inequities of people with mental illness; and</li> <li>• improving links to other health professionals/clinical service providers.</li> </ul>
<b>Child or youth specific assistance - not elsewhere classified (NEC)</b>	Services delivered to, or on behalf of, a child or young person that cannot be described elsewhere (e.g., working with a child's teacher to provide advice on assisting the child in their educational environment; working with a young person's employer to assist the young person in their work environment). <b>Note: This code should only be used for Service Contacts that cannot be described by any other Service Type. It is expected that the majority of Service Contacts delivered to children and young people can be assigned to other categories.</b>
<b>Suicide prevention specific assistance - NEC</b>	Services delivered to, or on behalf of, a client who presents with risk of suicide that cannot be described elsewhere (e.g., working with the person's employers to advise on changes in the workplace; working with a young person's teacher to assist the child in their school environment; or working with relevant community-based groups to assist the client to participate in their activities). <b>Note: This code should only be used for Service Contacts that cannot be described by any other Service Type. It is expected that the majority of Service Contacts delivered to clients who have a risk of suicide can be assigned to other categories.</b>
<b>Cultural specific assistance -NEC</b>	Culturally appropriate services delivered to, or on behalf of, an Aboriginal or Torres Strait Islander client that cannot be described elsewhere (e.g., working with the client's community support network including family and carers, men's and women's groups, traditional healers, interpreters and social and emotional wellbeing counsellors). <b>Note: This code should only be used for Service Contacts that cannot be described by any other Service Type. It is expected that many Service Contacts delivered to Aboriginal or Torres Strait Islander clients can be assigned to other categories.</b>
<b>Psychosocial Support</b>	Service providers are required to report on Service Contact Type for every contact with a client. This requires a judgement about the main service delivered at each contact, selected from a small list of options, and based on the activity that accounted for most provider time. Service Contact Type complements Principal Focus of Treatment Plan by capturing information to understand the mix of services provided within an individual episode of care. Service Contact Type should be coded as Psychosocial Support (code g) where the main services delivered during the contact involved the delivery of psychosocial support services. Psychosocial support services are defined for PMHC MDS purposes as services that focus on building capacity and stability in one or more of the following areas: <ul style="list-style-type: none"> <li>• social skills and friendships, family connections; managing daily living needs; financial management and budgeting; finding and maintaining a home;</li> <li>• vocational skills and goals, including volunteering; educational and training goals;</li> <li>• maintaining physical wellbeing, including exercise; building broader life skills including confidence and resilience.</li> </ul> These services are usually delivered by a range of non-clinical providers including peer support workers with lived experience of mental illness. Service Contacts recorded as psychosocial support may be delivered in all episodes of care, regardless of episode type.

### What is a Service Contact?

- Service contacts are defined as the provision of a service by a PHN commissioned mental health service provider for a client where the nature of the service would normally warrant a dated entry in the clinical record of the client.
- A service contact must involve at least two persons, one of whom must be a mental health service provider.
- Service contacts can be either with the client or with a third party, such as a carer or family member, and/or other professional or mental health worker, or other service provider.
- Service contacts are not restricted to face-to-face communication but can include telephone, internet, video link or other forms of direct communication.
- Service provision is only regarded as a service contact if it is relevant to the clinical condition of the client. This means that it does not include services of an administrative nature (e.g. telephone contact to schedule an appointment).