



## MENTAL HEALTH SERVICES DATA DICTIONARY

| FIELD NAME  | DESCRIPTION  | COMMENTS   |
|---|--|--|
| PHN   | BC Personal Health Number  | Replaced by a study specific identification number.                    |
| Birth Date  | Birth Date of Client   |  |
| Gender  | Client's Gender  |  |
| Postal Code   | Postal code to identify client's place of residence.   | Only the first three digits of the postal code (FSA) will be provided. |
| City  | Client's city/town of residence  |  |
| Date Of First Contact                                 | The date of first contact for this care episode. This is the date a client is formally admitted into the mental health program.  |  |
| MH Service Provider                                   | Identifies the location (organization / agency / institution) that has the primary responsibility for providing service to a client.   |  |
| Employment Status                                     | Refers to the nature of employment and involvement in labour force. Applies to persons 15 years and older.   |  |
| Current Vocational Status                             | Programs that a client may be involved in as an alternative to or in addition to employment.   |  |
| Marital Status  | Marital status under the law or as registered by the province at time of first service.  |  |
| Residential Arrangement At Admission                  | Identifies the type of physical location where the client lives at time of admission.  |  |
| Referral Source                                       | Identifies the individual or organization/agency that referred the client for care.  |  |
| Referral Date   | The date a client was referred for care.   |  |
| Education Level                                       | The highest level of education achieved by the client.   |  |
| Legal Status  | Legal status refers to the involvement of the client in the legal and criminal justice system.   |  |
| Household Composition                                 | Identifies the living situation and social support of the client.  |  |
| Care Episode Agency                                   | Other organizations or authorities that are participating with the primary mental health service provider organization in the care required by the client.                                       | Multiple agencies can be involved in the care episode.                 |
| MH Recipient Diagnosis (DSM-IV-TR) AXIS 1 (Principal) | Clinical disorders. Principal diagnosis- when a person receives more than one DSM code, the principal one is the condition that was chiefly responsible for occasioning the assessment/referral. |  |
| MH Recipient Diagnosis (DSM-IV-TR) AXIS 1 (Secondary) | Clinical disorders. Secondary diagnosis.   |  |

| FIELD NAME   | DESCRIPTION   | COMMENTS  |
|--|---|---|
| MH Recipient Diagnosis (DSM-IV-TR) AXIS 2                        | Personality disorders/mental retardation. Principal diagnosis.  |   |
| MH Recipient Diagnosis (DSM-IV-TR) AXIS 4                        | Psychosocial and environmental problems. Principal diagnosis– when a person receives more than one DSM code, the principal one is the condition that was chiefly responsible for occasioning the assessment/referral. |   |
| MH Recipient Diagnosis (DSM-IV-TR) AXIS 5 GAF Score At Admission | The client’s overall functioning when admitted. Global Assessment of Functioning.   |   |
| Care Episode Service Event                                       | Services provided to the client by the primary care organization.   |   |
| Date Of Service Event  | This is the date a service was provided to the client.  |   |
| MH Recipient Diagnosis (DSM-IV-TR) AXIS 5 GAF Score At Discharge | The client’s overall functioning when discharged. Global Assessment of Functioning.   |   |
| Residential Arrangement At Discharge                             | Identifies the type of physical location where the client lives when discharged from the mental health service organization.  |   |
| Referral Target  | Identifies the organization or agency to which the mental health provider referred the client.  |   |
| Discontinuation Reason Type                                      | Identifies the reason for ending a care episode.  |   |
| Date Of Discontinuation  | This is the date the client is formally discharged from the program.  |   |
| Aboriginal Origin  | This is a self-report by the client.  | The Ministry of Health would not use this for any reporting and would not release this. |