



**Professional
Record
Standards
Body**

**Better records
for better care**

Mental Health Services Dataset SNOMED CT Reference set development Summary Final Report

August 2025

IMPORTANT

This document contains SNOMED CT content which we have made every effort to make sure is correct at the time of publishing.

Please use the latest release of SNOMED CT if implementing these concepts into clinical systems.

Acknowledgements

The Professional Record Standards Body

The independent Professional Record Standards Body (PRSB) was registered as a community interest company in May 2013 to oversee the further development and sustainability of professional record standards. Its stated purpose in its Articles of Association is: “to ensure that the requirements of those who provide and receive care can be fully expressed in the structure and content of health and social care records”. Establishment of the PRSB was recommended in a Department of Health Information Directorate working group report in 2012.

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1 Introduction

The Mental Health Services Data Set (MHSDS) is a nationally mandated, patient-level dataset used within secondary care to provide consistent and comparable person-based information for individuals accessing mental health services.

To support improved data quality and clinical consistency, NHS England commissioned the Professional Record Standards Body (PRSB) to develop SNOMED CT reference sets tailored for community mental health teams. The first iteration of these reference sets was published in October 2023.

Scope and Intent

The reference sets focus specifically on non-urgent community mental health pathways, covering:

- Children and young people
- Adults and older adults

These pathways include the initiation of therapeutic or social interventions, development of care plans, and one-off sessions with children and young people, where clinically appropriate.

Implementation Parameters

The project is designed around data routinely submitted to MHSDS by NHS-commissioned providers, including services within the voluntary and independent sectors. The intended purpose of these reference sets is to support waiting time clock stop events only; they are not intended to replace broader clinical documentation standards.

Future Direction

At the conclusion of the first commission, stakeholders acknowledged the need for further development to reflect evolving service provision and operational needs. Future iterations will aim to extend coverage and enhance usability within expanding care models.

Objectives of the SNOMED CT Reference Set Development Project

The following goals were established to support the ongoing evolution and implementation of SNOMED CT reference sets within community mental health services:

Maintenance and Expansion

- Updates and maintenance of the existing reference sets
- Further clinical enrichment of the content across key service areas

Clinical Pathways and Service Roles

- Inclusion of psychologically informed interventions delivered by trainees and emerging roles within adult mental health services
- Inclusion of psychologically informed interventions delivered by trainees and emerging roles within services for children and young people
- Representation of autism assessment protocols and associated outcomes
- Development of terminology to support interventions for older adults

Modernised Delivery Models

- Expansion of the reference set to accommodate digitally enabled therapy interventions, reflecting advances in service delivery

Definitions and National Alignment

- Creation of precise concept definitions and practical use cases to support effective application in care settings
- Expert input to inform updates to five national guidance documents, ensuring alignment with SNOMED CT structure and terminology

Benefits

The following benefits have been identified:

Understanding patient waits and improving the quality of direct care for patients.

Reduced data burden on clinical teams and improved care by making data entry more consistent and preventing duplicate data entry in multiple systems.

Improved analysis of data, making clinical and management audits quicker, easier and more comprehensive.

Facilitated integrated care models by enabling data sharing and decision-making on care and patient safety. All relevant professionals involved in a person's care access, use and amend a shared view of a patient's healthcare.

Monitoring the use of evidence-based therapies including those recommended in NICE Guidelines.

The new Mental Health Currencies, replacing Clustering, will be built on routine data flows within national Mental Health datasets.

2 Maintenance of the existing reference sets

SNOMED CT is a dynamic clinical terminology, with content continuously evolving through regular updates. The UK edition of SNOMED CT is released seven times per year, ensuring it remains current and clinically relevant.

As part of this ongoing development, the Mental Health Services Data Set (MHSDS) Reference Sets have been updated to reflect:

- Additions and retirements in the latest SNOMED CT releases
- Approved requests submitted via the Editorial Oversight Group (EOG)

The following reference sets have been revised:

1853441000000109 |Mental Health Services Data Set assessment procedures simple reference set (foundation metadata concept)|

1853461000000105 |Mental Health Services Data Set psychological therapies simple reference set (foundation metadata concept)|

1853481000000101 |Mental Health Services Data Set psychosocial interventions simple reference set (foundation metadata concept)|

1853451000000107 |Mental Health Services Data Set medication and physical therapy interventions simple reference set (foundation metadata concept)|

To view the most recent versions:

1. Visit the [NHSDigital SNOMED CT Browser](#)
2. Search for "MHSDS"
3. Select the desired reference set
4. Click the Members tab (right-hand pane) to view the included SNOMED CT concepts

Summary of Changes

Since January 2024, a total of 25 changes (additions or deletions) have been made across the MHSDS reference sets.

Status: This work is ongoing with periodic reviews to the reference sets.

3 Psychologically informed interventions delivered by trainees and new roles - Adults.

The community mental health framework for adults and older adults offers a radical shift in how services for people with severe mental health problems will be delivered in England. The framework puts service users at the centre and aims to provide personalised, holistic care to meet their needs. The ambition is to create a more integrated and connected way of supporting people within their local communities, drawing on the strengths of all services and agencies.

As part of this, specialist mental health services are expected to focus more on the delivery of evidence-based interventions, including psychological interventions and therapies.

The purpose of this work was to identify SNOMED CT concepts to represent interventions delivered by Mental Health Wellbeing practitioners. These SNOMED CT concepts will be used to:

- Represent these interventions in the patient record,
- Populate the Mental Health Services Dataset,
- Support national reporting of interventions,
- Support waiting time calculation.

Status: This work is completed. 11 SNOMED CT concepts were identified and these were included in the MHSDS reference sets.

4 Psychologically informed interventions delivered by trainees and new roles in services – Children and Young People

Children's Wellbeing Practitioners (CWPs) are a new profession and a crucial workforce to deliver the NHS Long Term Plan for children and young people and in meeting the wider access target that 345,000 children and young people aged 0-25 will be able to access mental health support. CWPs were first deployed in 2016/17, from the Children and Young People's Improving Access to Psychological Therapies programme, to enhance evidence-based support for mild to moderate presentations. They have been funded through planned year-on-year bids made by Health Education England (HEE). 668 CWPs had been trained up to 2018/19, with a further 420 training during 2019/20 and 245 commissioned for 2020/21¹.

¹ Children and Young People Wellbeing Practitioner (CWP) National Implementation Guide V1.9 page 5.

The purpose of this work was to identify SNOMED CT concepts to represent interventions delivered by Children and Young people Wellbeing practitioners. These SNOMED CT concepts will be used to

- Represent these interventions in the patient record,
- Populate the Mental Health Services Dataset,
- Support national reporting of interventions,
- Support waiting time calculation.

Status: this work is completed. 12 concepts were identified, from which 2 new SNOMED CT concepts were requested and are available in the browser. 1 concept was added to the MHSDS reference sets

5 Digitally enabled therapy interventions

The requirement for psychological therapies to support improving mental health is increasing. There is limited capacity for traditional therapist-based services. The NHS is looking to enhance the provision of psychological by using digital technologies.

“Demand for NHS Talking Therapies has reached an all-time high. The service received 1.82 million referrals in 2023/24. This is slightly higher than 2021/2022, and more than double the 884,000 received in 2012/13.

As more people come forward for help, the NHS is looking to use NICE-recommended digital therapies to help increase the support available.” NICE²

As these technologies are being used, there is a requirement to monitor their use and effectiveness.

SNOMED CT has some content which supports recording of these interventions, for example

429329005 |Computerized cognitive behavioural therapy (regime/therapy)|

149631000000108 |Digital cognitive behavioural therapy for depression (regime/therapy)|

1109721000000108 |Digital cognitive behavioural therapy for insomnia (regime/therapy)|

However, this content does not cover all therapies.

Many psychological therapies and psychosocial interventions can be delivered by digital means. A variety of technologies are used.

The software products are provided by commercial organisations. As such they are known and specified by specific commercial names such as:

Silvercloud [On-Demand Digital Mental Health Programmes | SilverCloud® by Amwell®](#)

PeskygNATS. [Home - Pesky gNATs](#)

Mental health professionals will, after assessing the patient’s need, provide them with access to specific software.

From this point, the patient can either:

Interact with the software directly with no support from the mental health professional.

Interact with the software and at intervals consult with the mental health professional to review progress.

² [NICE Digital therapies](#)

Interact with the software directly. The software alerts mental health professionals as clinically appropriate. E.g. when a significant change in mood is detected.

The software is available to the patient over several sessions lasting days/weeks.

When recording that a patient is given access to a particular piece of software, this will be recorded in the record. The software name, version and manufacturer should be recorded.

Status: This work is in progress and discussions with the NHS England are ongoing with respect to this requirement.

6 Interventions for Learning Disabilities and Autism Services

Introduction

PRSB was commissioned to support the reporting of the Autism Assessment Pathway in MHSDS. With specific reference to the use of SNOMED CT.

Recording the patient's journey along the Autism Assessment Pathway in MHSDS³

Stage 1 – Identification and Referral

Stage 2 – Screening and Triage

Stage 3 – Preassessment Support

Stage 4 – Autism Assessment

Stage 5 – Post Assessment Support

The main focus of this work has been the recording of the Autism assessment and the outcome.

Autism assessment and Outcome

This requirement was specified by the NHS England Autism and Learning Difficulties Team.

- This information is required to be collected in a mental health system.
- It will need to populate suitable fields in the Mental Health Services Dataset.
- The information will flow in an outpatient letter to General Practice and Schools.

Autism diagnosis referral outcome: One of these should be reported for all referrals where a full autism assessment has been completed. This could be recorded in either Care Contact Activity table (associated with a contact with the patient) or Indirect Activity Table (associated with an activity not involving the patients e.g. MDT meeting, or clinician writing up notes/letter). Stage 5 of Autism Assessment Pathway

- a. Autistic
- b. NOT autistic - the person does not have substantial autistic characteristics / The person's potentially autistic characteristics are better understood in other ways

³ [NHS England » A national framework to deliver improved outcomes in all-age autism assessment pathways: guidance for integrated care boards](#)

- c. *inconclusive because important information was not available, or assessment was impossible OR likely to become clearer as the individual develops further.*

Autism assessment is not the result of a single assessment tool. It involves a specialist clinician bringing multiple pieces of information together.

- Evidence from parents, carers and teachers.
- Specific assessment tools e.g., Adult Asperger Assessment, Autism-Spectrum Quotient, Empathy Quotient [EQ], Autism Diagnostic Interview – Revised, Autism Diagnostic Observation Schedule.

Status: This work is in progress and options to record this activity are currently under evaluation by NHS England. These may involve further development of SNOMED CT terminology, modifications to the MHSDS dataset, or a combination of both.

7 Interventions for Older Adult Services

While most procedures for older adults were included in the initial version of the reference sets, certain areas required further analysis to ensure comprehensive coverage

These were

- Reducing stress and distress or Reducing behaviours that challenge
- Post-diagnostic dementia intervention
- Carer support
- Community access support or Community integration
- Family therapy (regime/therapy)
- Hallucination/Delusion management
- Physical Health Check

Status: This work is in progress to define an appropriate concept for reducing behaviours that challenge. Other concepts in the list were included in the MHSDS reference set.

8 Definition and use case of the concepts in the reference sets

The Mental Health Reference Expert Oversight Group, led by Dr James Woollard, is currently developing detailed descriptors and use cases for each SNOMED CT concept included in the reference sets. This work aims to support mental health providers in recording these concepts consistently and accurately.

Each concept will be accompanied by guidance outlining:

- When the concept should be used
- When it should not be used

The Professional Record Standards Body (PRSB) has contributed to:

- Designing the format of the definitions
- Identifying concepts that are vague or prone to misuse

Status: This work is ongoing and expected for completion by the end of this financial year.

9 Updating SNOMED CT Content in National Mental Health Documents

The Professional Record Standards Body (PRSB) has been commissioned to update the SNOMED CT content within several key documents developed by NHS England Mental Health clinical leads. These documents were originally created to support mental health teams in using SNOMED CT terminology appropriately and consistently.

The documents include:

- Interventions in Mental Health Support Teams (Schools and Colleges)
- Therapy Interventions for People with Severe Mental Health Problems
- Therapy Interventions for Perinatal Mental Health
- Adult Eating Disorders
- Early Intervention in Psychosis

Each document varies in scope and format, requiring tailored updates to ensure alignment with current SNOMED CT standards and the Mental Health Services Data Set (MHSDS).

Scope

1. Identify SNOMED CT content contained in the documents.
2. Advise on the SNOMED CT content – particularly with respect to
 - a. Inactive SNOMED CT Concepts
 - b. Appropriate SNOMED CT terms used
 - c. SNOMED CT Concepts included in the documents but not included in the reference sets
 - d. SNOMED CT Concepts included in the reference sets but not included in the documents
3. Develop a new version of the documents together with the document owners.
4. Suggests updates to the reference sets as result of this work.

Analysis of the documents

	Number
Number of SNOMED CT Concepts included in the documents	188
Number of inactive concepts	3
Number of non-preferred terms used	35
Number of potential concepts with no concept ID	7
Concepts which are not members of any of the reference sets (and potentially in scope)	42

Status: This work is completed. The documents were updated to incorporate the findings and ensure alignment with current SNOMED CT standards and reference set content.

10 Reflections and learning

Timelines

Managing and monitoring this programme of work against planned timelines has proven challenging due to several key factors:

- **Complexity of Requirements:** Significant time is needed to fully understand and develop each requirement—from the initial use case through to the creation of a suitable SNOMED CT concept.
- **Availability of Clinical Expertise:** Progress has been dependent on the availability of clinical experts, whose input is essential for ensuring clinical relevance and accuracy.
- **Collaborative Understanding:** Developing a shared understanding between the clinical community and the SNOMED CT authoring team takes time, particularly to ensure that terminology accurately reflects real-world use cases.
- **Limited Capacity leading to Unpredictable Authoring Timelines:** The capacity of the NHS England SNOMED CT authoring and terminology team, like many other NHSE functions, has been reduced. Thus, the time between submitting a request for a new SNOMED CT concept and receiving the final approved concept is highly variable and difficult to predict.

Given these challenges, projects that rely on new SNOMED CT content should account for the inherently long and unpredictable nature of the terminology authoring process. Wherever possible, close collaboration with the NHS England SNOMED CT authoring team is strongly recommended to support timely and accurate delivery.

Difficulty of translating practice into coding A key example of terminology refinement within this programme was the long-standing need to accurately represent the concept of “consultation” in Children and Young People (CYP) mental health practice. This intervention typically involves a mental health professional responding to a referral by meeting with another care professional to discuss a child’s needs and collaboratively define a care plan. In CYP services, this is commonly referred to as “consultation.”

Historically, the SNOMED CT concept **11429006 |Consultation (procedure)|** was used. However, this is a high-level “grouper” concept that encompasses various types of consultations (e.g. **398228004 |Anaesthesia consultation (procedure)|**, **788542004 |Consultation by acupuncturist (procedure)|**) and does not adequately reflect the specific nature of interprofessional collaboration in CYP settings.

To address this, a new concept was proposed under the term “**interprofessional consultation.**” However, the request faced challenges due to limited formal usage of the term in clinical practice and a lack of supporting literature or national guidance. Despite clinicians confirming its routine use, the absence of documented evidence complicated the approval process.

Following extensive dialogue with the NHS England terminology service, a new SNOMED CT concept was successfully authored:

238602100000108 |Discussion about subject of record with care professional (situation)|, with the UK preferred term “**Interprofessional consultation.**”

Challenges in Displaying SNOMED CT Concepts

Presenting SNOMED CT concepts in a human-readable and consistent format has proven challenging. A review of national guidance documents revealed inconsistencies in how concepts were displayed, which can lead to the use of incorrect SNOMED CT IDs or terms.

Key Issues Identified:

- Multiple Identifiers and Terms: Each SNOMED CT concept can have several associated IDs and terms, making it difficult to identify the correct one—especially with limited tooling support.
- Excel Limitations: Lists of concepts are often managed in Microsoft Excel, which can corrupt SNOMED CT IDs unless specific precautions are taken.
- Copying Risks: Copying terms and IDs separately from the SNOMED CT browser can result in mismatches or disconnection between the term and its identifier.
- Preferred Terms: The SNOMED CT UK preferred term should always be displayed to users, particularly clinicians, to ensure clarity and consistency.
- Language and Readability:
 - Use UK spelling (e.g. “behaviour” not “behavior”).
 - Display clinician-friendly terms (e.g. “Interprofessional consultation” rather than the formal FSN “Discussion about subject of record with care professional”).
- Semantic Tag Confusion: The semantic tag (e.g. “(procedure)”) at the end of a SNOMED CT term can cause confusion and should be used with care.

Tools

Free to use tools which allow access to the UK edition of SNOMED CT are few and have limitations.

The NHS Digital SNOMED CT Browser⁴

Allows search and displays the UK edition – it **does not** display the UK preferred term as default - it is only available via sub menus.

Allows copying and pasting of the FSN, The concept ID and the FSN term.

Allows the display of the members of SNOMED CT reference sets – but not downloading.

Shrimp – CSIRO/NHS ENGLAND⁵

Allows search and displays the UK edition

UK Preferred term displayed

Does not support the display of members of reference sets.

Snapper -CSIRO⁶

Allow the creation of value sets from SNOMED CT

Set checks – proof of concept tool⁷

Supported management of SNOMED CT reference set

Validating content – correct IDs correct terms

Suggesting additional content

⁴ [NHSDigital SNOMED CT Browser](#)

⁵ <https://ontoserver.csiro.au/shrimp/>

⁶ <https://ui.ontology.nhs.uk/snapper>

⁷ NHS England – withdrawn in April 2025

Creation of expressions

The current tooling does not support the creation and management of SNOMED CT reference sets or value sets.

Primary vs Secondary Use of SNOMED CT in Mental Health Data

SNOMED CT is a primary use terminology, designed for clinicians to use directly at the point of care. Its purpose is to support accurate and meaningful documentation of patient interactions and clinical decisions.

In contrast, the Mental Health Services Data Set (MHSDS) is a secondary use data collection. It is intended for analysing healthcare activity, identifying trends, assessing population-level service needs, and monitoring waiting times.

Although SNOMED CT is specified for use within the MHSDS, its role here is to represent key clinical elements—particularly Findings and Procedures—in a way that supports consistent national reporting while maintaining clinical relevance.

Mental Health IT System use of SNOMED CT

The way mental health IT systems implement SNOMED CT significantly influences the quality and consistency of recorded data. However, system capabilities vary widely across providers:

Some systems use internally defined vocabularies that are later mapped to SNOMED CT, which can introduce inconsistencies or delays in standardised data capture.

Other systems allow clinicians to directly select SNOMED CT concepts during care delivery, supporting more accurate and timely data entry.

In some cases, administrative staff are responsible for entering SNOMED CT codes after clinical interactions, which may reduce clinical accuracy or introduce delays.

These differences impact how well SNOMED CT supports both direct care and secondary uses such as reporting through the MHSDS.

The Goldilocks Principle: Balancing Detail in Reference Sets

Determining the right number of SNOMED CT concepts within the reference sets has been a recurring challenge. At times, the sets have been considered too detailed; at others, too limited. This reflects the tension between primary use (clinical documentation) and secondary use (data reporting).

Clinicians often require specific concepts to accurately reflect the care they provide.

Secondary uses, such as reporting to the MHSDS, typically benefit from more generalised concepts to support aggregation and analysis.

For example:

A clinician may prefer to record:

1097601000000105 |Signposting to Special Educational Needs and Disabilities Service (procedure)|

Whereas for MHSDS reporting, the required concept is:

975131000000104 |Signposting (procedure)|

This issue was especially relevant in older people's mental health, where the expert group sought a single concept to represent interventions aimed at reducing behaviours that challenge in dementia—rather than selecting from a list of over 30 individual concepts.