

Scottish Needs Assessment Programme

CHILD AND ADOLESCENT MENTAL HEALTH GROUP



QUESTIONNAIRE for NHS SERVICE LEADERS

Respondent number

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YOU AND YOUR STAFF

1. Which service do you lead?

1a. What is your professional group?

1b. What is your designation?

2. Does each clinical staff member in your service have a personal development plan (PDP)?

Yes		No		Not sure	
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2a. If no or not sure, please explain reasons for this

2b. Does each clinical staff member meet with the head of service for appraisal and/or planning professional development?

Yes		No		Not sure	
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2c. If no or not sure, please explain reasons for this

3. Does your department have a strategy for the training of staff?

Yes		No	
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3a. If yes, please describe

4. Do you have a predictable budget for staff training?

Yes		No	
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4a. If yes, what is it for the current financial year? £ _____

5. Please rate each of the following factors in terms of their influence on your service's training activities (1 = little or no influence; 2 = some influence; 3 = significant influence)

National strategy/policy		Local NHS health plan	
Local needs assessment		Planned service development	
Audit of skills in service		Evidence base for interventions	
Training opportunities available		Staff personal development plans	
Staff interest/preference		Staff professional registration requirements	
Available supervisors		Training budget	
Other (please describe)			

5a. Comments

6. Are you involved in workforce planning for your service?

Yes		No	
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6a. If yes, please describe

7. Does your service have difficulty recruiting staff?

Always		Sometimes		Never	
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7a. Which professional group and grades present most difficulties?

7b. Please comment on specific difficulties

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8. Are trainees included in workforce capacity when negotiating service agreements?

Yes		No	
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8a. How important is the contribution of trainees to meeting your service targets?

Essential		Important		Not important	
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9. Please tell us about the professional groups in your service

	Actual number	Whole time equivalent
Consultant child and adolescent psychiatrists		
Junior medical staff		
Clinical assistant/staff grade doctors		
B grade/ consultant clinical psychologists		
A grade clinical psychologist		
Assistant psychologists		
Trainee clinical psychologists		
Educational psychologists		
Child psychotherapists		
Family therapists		
Nurses		
Generic mental health professionals		
Social workers/mental health officers		
Occupational therapists		
Play specialists		
Speech and language therapists		
Teachers		
Learning support staff		
Secretaries/Admin staff		
Others (please specify)		

10. If there are there social workers in your service, by whom are they funded?

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10a. And who provides their supervision?

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10b. Is there funding for their training and development?

Yes		No	
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SERVICE PROVISION

11. What is the age range of people receiving your service?

From _____ to _____ years

12. Are there specific criteria for referral and/or exclusion criteria for referral to your service?

Yes		No	
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If you have answered "yes" to question 12, please continue with this question.
Otherwise, please go on to question 13

12a. Please describe these criteria (if these are published, please send us a copy)

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12b. What do you do with referrals which don't meet these criteria (tick all that apply)?

Offer consultation	
Refer on to another agency	
Send back to the referrer	
Other, please specify	

13. Who can refer to your service (please tick all that apply)?

Children's Hearing		Social worker		Lawyer	
General practitioner		Health visitor		Paediatrician	
Other medical		Teacher		Educational psychologist	
Parents		Self referral		Other (please describe)	

14. Our enquiries suggest that the tiered model of CAMHS, described in the HAS report * "Together

* Health Advisory Service (1995) *Together We Stand - The Commissioning of Child and Adolescent Mental*

We StandSM, is widely quoted and used across Scotland. However, it appears that there is considerable variety in the ways in which this model is understood and applied. Please describe briefly your understanding of the various tiers in this model.

Tier 1	
Tier 2	
Tier 3	
Tier 4	

14a. Based on this description, please indicate the range of CAMHS activity provided by your service (please tick all that apply).

Tier 1	
Tier 2	
Tier 3	
Tier 4	

14b. Please add comments on any strengths or weaknesses of the HAS model

15. Please give the number of all referrals received by your service for each of the last three years.

2000/2001	
1999/2000	
1998/1999	

15a. If you have information about the proportion of referrals which were not accepted by your service in 2000 - 2001, please indicate this

%

16. We are using percentage of cases waiting for more than 12 weeks, as our waiting list "indicator". How many children have currently been waiting that long for an appointment from your service?

16a. What percentage of cases waited for more than 12 weeks:

in 2000/2001	
in 1999/2000	
in 1998/1999	

16b. Please add any comments

17. Please indicate the service(s) provided by your department (tick all that apply)

Residential/ In-patient	<input type="checkbox"/>	Day attender/ day patient	<input type="checkbox"/>	Community/ Out-patient	<input type="checkbox"/>
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18. Please indicate the types of assessment provided by your service (please tick all that apply)

Adoption/Fostering	<input type="checkbox"/>	Cognitive-behavioural	<input type="checkbox"/>
Neuropsychological	<input type="checkbox"/>	Neuropsychiatric	<input type="checkbox"/>
Perceptual, motor skills e.g. OT	<input type="checkbox"/>	Psychodynamic	<input type="checkbox"/>
Psychometric	<input type="checkbox"/>	Family/systemic	<input type="checkbox"/>
Other (please specify)			<input type="checkbox"/>

18a. Are there gaps in the assessments your service provides?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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18b. If yes, please describe

19. Please list the 5 commonest problems your service encounters and indicate their frequency as a percentage of all problems seen.

	%
	%
	%
	%
	%

20. We want to find out whether services are aware of changes in the needs of the children and young people they meet. Do you have any evidence of changes in:

	Falling	Rising	No evidence
Overall rates of CAMH problems?			
Severity of problems?			
Complexity of problems?			
Attention deficit hyperactivity disorder?			
Autistic spectrum disorder?			
Neurodevelopmental disorders?			
Eating disorders?			
Deliberate self harm?			

20a. Please tell us about the evidence

20b. Please comment on any changes noted

21. Please indicate the types of therapies provided by your service (tick all that apply)

Behavioural		Cognitive	
Cognitive-behavioural		Expressive therapies e.g. music, drama, art	
Dialectical psychotherapy		Eye movement desensitisation & reprocessing (EMDR)	
Family/systemic		Group work	
Hypnotherapy		Interpersonal psychotherapy	
Parent counselling		Parent skills training	
Play therapy		Psychodynamic psychotherapy	
Pharmacology		Other (please specify)	

22. Does each staff member offering therapy have regular supervision with an appropriately trained and experienced senior practitioner?

Yes		No		Not sure	
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22a. If no, please explain reasons for this

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23. Are there gaps in the types of treatment your service provides?

Yes		No	
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23a. If yes, please describe

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23b. If yes, why do you have these gaps?

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24. Does your service provide 24-hour cover for emergencies?

Yes		No	
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24a.If yes, how is this service organised? (If no, please go on to question 25)

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24b. Are there difficulties with this service?

Yes		No	
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24c. If yes, please describe

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25. Is there any local initiative to prevent self-harm and suicide among children and young people?

Yes		No	
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25a. If yes, please describe

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26. We are interested in the mental health services available to children who are looked after and accommodated by the local authority. Do you make particular arrangements for these children?

Yes		No	
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26a. If yes, please describe; if no, please comment

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27. What arrangements do you make for those who require a forensic mental health service?

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28. Does your service offer any particular arrangement or provision for the mental health needs of children who are victims of sexual abuse?

Yes		No	
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28a. If yes, please describe

29. Does your service offer particular arrangements to address the mental health needs of children who have experienced other forms of abuse?

Yes		No	
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29a. If yes, please describe

30. What arrangements are made for children and young people -

30a. with drug misuse problems?

30b. with alcohol misuse problems?

30c. What, in your view, is the most appropriate service arrangement for children and young people who misuse drug or alcohol?

31. We are aware of debate about the role of CAMHS in relation to children and, particularly, young people with problem behaviour, characterised by some as "conduct disorder"? What is your view of the role of NHS specialist CAMHS (i.e. psychology OR psychiatry based services) in relation to such children and young people?

32. What provision does your service make for people with significant learning disabilities who need a mental health service?

33. What provision does your service make for people with significant physical disabilities who wish to use your service?

34. How does your service address the mental health needs of children and young people who belong to ethnic minorities?

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35. If there are asylum seekers in your area, what provision has your service made to address their mental health needs?

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36. For whom do you publish information about your service?

Children and young people		Parents and carers		Referrers	
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Please enclose any publications with the completed questionnaire.

37. We are interested in hearing about formal arrangements to consult those who make use of your service. Which of these groups are routinely surveyed or consulted (please tick all that apply)?

Children and young people	
Parents/carers	
Referrers	
Other (please describe)	

- 37a. Please tell us about any work that your service has done.

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If you have completed any reports about this, please enclose a copy with the questionnaire.

38. Please describe any initiatives in your service designed to **promote** mental health and wellbeing.

39. Please describe any initiatives in your service to **prevent** mental health problems and disorder.

40. Please describe any specialist services which you provide and believe to be innovative.

41. Please describe current projects and developments planned for your service.

42. Please describe the quality of your service's working links with local adult mental health services

42a. Are you involved in service planning for young people who will require mental health services beyond the age limit of your service?

Yes		No	
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42b. If yes, please describe at what level and the type of involvement

43. What would you see as major problems with service delivery, if any?

44. What would you see as major gaps, if any, in the service your department should provide?

45. What works particularly well in your service?

46. Does your service have difficulty accessing Tier 4 services (i.e. highly specialised activities, such as are usually provided on a regional or national basis)?

Yes		No	
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46a. If yes, please describe

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47. Please rate each of the following factors in terms of their influence on access to your service (1 = little or no influence; 2 = some influence; 3 = significant influence)

Failure to refer		Lack of information amongst referrers	
Geography		Reluctance amongst children and young people	
Reluctance amongst referrers		Lack of information amongst potential clients	
Service criteria		Service style	
Skill shortages		Staff shortages	
Stigma		Waiting lists	
Other (please specify)			

48. How would you describe the setting for your service (tick all that apply)

Urban (pop. > 200,000)	
Large town (pop. 50,000 - 200,000)	
Small town (pop. < 50,000)	
Rural	
Islands	

48a. How does this environment impact of on your service delivery?

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49. Which of the following is readily available in your service (please tick all that apply)?

e-mail	
Fax	
Internet	

50. Does your service have problems with accommodation?

Yes		No	
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50a. If yes, please describe

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51. Does your service have problems with administrative support?

Yes		No	
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51a. If yes, please describe

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52. Which data are collected routinely about your service (please tick all that apply)?

Numbers referred		Numbers attending		Default rates	
Source of referral		Waiting numbers		Waiting times	
Numbers offered a service		Number of attendances		Consultation activities	
Outcome measures		Other (please describe)			

52a. Please describe any questionnaires used routinely

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Please enclose copies with the completed questionnaire.

53. It may be possible to collect data nationally on 3 or 4 key clinical problems over the next three years, via the Information and Services Division (ISD). Which problems would you suggest?

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53a. What information would be particularly useful?

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54. Is your service involved in ongoing audit?

Yes		No	
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54a. If yes, please describe

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55. Is your service involved in ongoing research activity?

Yes		No	
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55a. If yes, please describe briefly

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55b. Please tell us whom we could contact for more information about research activity?

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STRATEGIC ISSUES

56. Does your service use a framework to plan and develop services?

Yes		No	
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56a. If yes, please describe the main elements of the framework

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57. Are you involved in service planning?

Yes		No	
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57a. If yes, who else takes part in this (please tick all that apply)?

Adult mental health service		Child and adolescent psychiatry	
Child psychology service		Educational psychology service	
General practitioners		Health Board planning officer	
Health promotion officer(s)		Health trust manager(s)	
Health visitors		Local authority - education	
Local authority - social work		Local health council	
Health Board public health professional		Paediatric practitioner(s)	
Reporter to the Children's Hearing		Voluntary organisation(s)	
Children or young people who have used local services		Other children or young people	
Parents or carers of service users		Police	
Other (please specify)			

58. How much involvement do you have in reviewing and developing services?

	A great deal	To some extent	Very little or none
Health Improvement Programmes (or equivalent)			
Trust implementation Plans (or equivalent)			
NHS convened CAMH commissioning forum			
Local CAMHS team/service review			
Local Authority Children's Services Planning group(s)			
Seeking feedback from service users			
Seeking feedback from referrers			
Other (please state)			

59. Do you have a written service specification?

Yes		No	
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If yes, please enclose with the questionnaire.

60. Who holds the budget for your service?

60a. How much is it (to the nearest thousand pounds)?

£	
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61. Please indicate the management base for your service

Part of mental health		Part of child health	
"Standalone"		Other (please specify)	

61a. How appropriate are the arrangements for the management of your service?

Very good		Good		Fair		Poor		Very poor	
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61b. How well do these arrangements work?

Very well		Well		Fair		Poorly		Very poorly	
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61c. Please comment

62. What impact has clinical governance had on your service?

A great deal		Some		A little		Not at all	
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62a. If there has been an impact, please describe

LINKS WITH OTHER AGENCIES

63. With whom do you collaborate in service provision?

	Liaison with	Joint work with	Consultation to
Adult psychiatry			
Child and adolescent psychiatry			
Clinical psychology			
Community paediatrics			
Education: mainstream school/nursery			
Education: new community school(s)			
Education: residential school(s)			
Education: schools for those with moderate learning difficulties			
Education: school(s) for those with emotional and behavioural problems			
General hospital			
Health Visitors			
Paediatrics (hospital)			
Police			
Primary care teams			
Social work: area team(s)			
Social work: residential unit(s)			
Voluntary organisations			
Other (please describe)			

64. Please describe any changes in services provided by other agencies which have been helpful

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65. Please describe any changes in services provided by other agencies which have not been helpful

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66. Are you involved in joint commissioning of services?

Yes		No	
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66a. If yes, please describe briefly

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67. Please indicate the type of involvement your service has with these agencies (tick all that apply)

	Primary care	Social Work	Education	Voluntary Organisations	Children's Hearing
Case by case					
Regular meetings					
Joint committees					
Joint local needs assessments					
Joint training					
Joint funding of posts					
Joint commissioning of services					

68. Does your service provide input to local paediatric services? (tick all that apply)

General paediatric in-patients		General paediatric out-patients	
Special Care Baby Unit		Regular meetings timetabled with paediatric staff	
School health		Specialist services e.g. diabetes clinic	
Adoption and Fostering		Training of other professionals as part of a team	
Child Development Service		Training of junior medical staff as part of a team	
Child health		Teaching programmes e.g. induction courses	
Joint committees		Joint commissioning of services	
Joint local needs assessment		Other (please describe)	

69. Please give a brief description of joint working in which your service is involved which you believe to be particularly innovative and rewarding

70. Are there any other comments you would like to make, about CAMH or the SNAP report

If you would be willing to be contacted about this questionnaire, please put your details below

Name	
Address	
Phone no.	Email

**PLEASE REMEMBER TO ENCLOSE ANY SERVICE SPECIFICATIONS,
DESCRIPTIONS OF USER FEEDBACK, INFORMATION LEAFLETS OR OTHER
MATERIAL WHICH YOU THINK MAY BE OF INTEREST**

THANK YOU FOR YOUR HELP