

# Scottish Needs Assessment Programme

## CHILD AND ADOLESCENT MENTAL HEALTH GROUP



### QUESTIONNAIRE for LOCAL AUTHORITY SOCIAL WORK REPRESENTATIVES

Respondent number

S	W				
---	---	--	--	--	--

**Section A**

**Overview**

1. What is the name of your Local Authority?

---

2. Tell us about your local authority area:

Where do people live? Please give percentage of total population in each setting.

Urban (Pop > 200,000)	%
Large Town (Pop 50,000 - 200,000)	%
Small Town (Pop <50,000)	%
Rural	%
Island	%

3. Within your Local Authority how are Social Work Services delivered?

- a) as part of stand-alone department?
- b) as part of a wider department?

If b) which of the following?

- Community Services
- Social Work and Housing
- Social Work and Health
- Social Work and Education
- Other - please give details below

---



---

4. Within the Social Work Department are Services

- Specialist
- Generic
- Local/area based
- Centrally based

Please attach a brief description/Structure plan, highlighting children's services.

5. What is your department's expenditure (to nearest £ 000):

On Community Care?	£
On Children's Services?	£
Total SW Expenditure	£

What proportion of your expenditure for 2000/2001 was on a project/non-recurring basis?

%
---

What do you see as the advantages and disadvantages of this form of funding?

---

---

**Section B**

**Children's Services Plan**

1. What is the designation of the person with lead responsibility for Children's Service Planning within your authority?

---

---

2. To what extent are Health Board partners involved in agreeing priorities within Children's Services Plan

Fully Involved  
Involved to some extent  
Not involved


3. Does your Children's Service Plan make specific commitments in relation to the mental health and well being of children and young people?

Yes  
In Development  
No


4. Does your Children's Service Plan specifically address staff training in relation to the mental health and well being of children and young people?

Yes  
No  
If Yes, please describe briefly


---

---

**Section C**

**Service Provision**

1. Does your Local Authority contribute to local NHS planning in relation to CAMH Services?

Yes  No

2. Has your Local Authority commissioned any CAMH Services jointly with health or in partnership with any other agency?

Yes  No

If yes, please give brief description below:-

---



---

3. Are you familiar with the HAS model (A tiered Mental Health Service)?

Yes  No  Not sure

What use do you make of the HAS model?

None  Reference Only  Provides Strategic Framework

Please describe any problems with the use of the HAS model

---



---



---



---

Now please rate the different "tiers" of NHS based CAMH services in your area

	Absent	Basic	Good
Tier 1			
Tier 2			
Tier 3			
Tier 4			

4. Throughout this SNAP process we use the notion of "promotion, prevention and care" when talking about approaches to CAMH. If you were "mapping" the development of these activities in your Local Authority area, how would you rate them?

Activity	Absent	Basic	Good
Health Promotion			
Prevention			
Early Identification of Mental Health Problems			
Early Intervention			
Assessment of Mental Health Problems			
Treatment of Mental Health Problems			

5. Turning to CAMH Services we wish to investigate whether services available to children and young people vary according to the kinds of difficulties they experience. How would you rate local provision for Children and Young People -

	<b>Absent</b>	<b>Basic</b>	<b>Good</b>
With a Learning Disability <u>AND</u> a Mental Health Problem			
With Severe eating disorders			
With "autistic spectrum" disorders			
With Attention Deficit/ Hyperactivity Disorder (ADHD)			
Looked after and accommodated by the local authority			
Who are involved in offending behaviour <u>AND</u> have a significant mental health difficulty (i.e. forensic service)			
Who have significant problems with drug misuse			
Who have significant problems with alcohol misuse			
Whose parents have a severe mental health problem			

6. We are particularly interested in whether children and young people find mental health related activities and services accessible. Please indicate how, in your view, the following factors influence access in your area.

	<b>Negative</b>	<b>No effect</b>	<b>Positive</b>	<b>Don't Know</b>
Distance to Services/Transport				
Physical Quality of Services				
Suitability for Physically disabled Persons				
Information about Services for Referrers				
Information for those who use services				
Information in different languages				
Availability of qualified Interpreters				
Referral criteria				
Waiting List				
Available Staff				
Available Skills				
Relationships between Agencies				

7. Have you identified any groups of children or young people at risk of exclusion from CAMH Services?

Yes

No

If yes, please describe briefly

---



---

8. Are any of your Social Workers working in Local CAMHS?

Yes

No

If yes, please comment on the strengths and weaknesses of this arrangement

---

---

---

---

9. How many of your Social Workers are qualified Mental Health Officers?

---

Do any of them work specifically with children and young people?

Yes

No

10. 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

**THANK YOU FOR COMPLETING THIS QUESTIONNAIRE**