

Scottish Needs Assessment Programme

CHILD AND ADOLESCENT MENTAL HEALTH GROUP



PRACTITIONERS' QUESTIONNAIRE A

Respondent number

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Public Health Institute of Scotland, Clifton House, Clifton Place, Glasgow G3 7LS

Your work with young people

1 What is the type of work you do with children and adolescents? (Please tick the box)

Class teacher		Hospital paediatrician		Police	
Community education worker		Intermediate treatment worker		Reporters	
Community paediatrician		Member of Children's Panel		Residential social worker	
FE college teacher		Nursery nurse		School doctor	
Field social worker		Nursery teacher		School nurse	
General practitioner		Occupational therapist		Speech and language therapist	
Guidance teacher		Pharmacist		Voluntary sector worker	
Health visitor		Physiotherapist			
Other (please tell us what you do)					

2. If you have a job grade (for example senior teacher), please tell us what it is.

3. What is your gender? (Please tick the box)

Female		Male	
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Your place of work

4. Where is your work base? Tick the box.

Primary school		Secondary school		Community child health centre	
GP surgery		General hospital		Social work department	
Children's hospital		Children's home		Child guidance clinic	
Respite service		Residential school		Community education setting	
FE college		Hearing rooms		Other	

4a. If you answered "other" please could you tell us where you work?

4b. Is this the place where you do most of your work with young people? (tick the box)

Yes		No	
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4c. If you replied "no", do you work mainly with young people at: (tick the box)

Their home		Their school(s)		Elsewhere	
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4d. If you replied "elsewhere," where do you do most of your work with young people?

5. How many people in your institution work directly with children or adolescents? (Tick the box)

1		2-5		6-10		11-20		More than 20 (~)	
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6. How many children and adolescents is your organisation or service responsible for at any one time?

1-10		11-50		51-100		100-500		More than 500 (~)	
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Your workload/caseload

7. How many children or adolescents do you work with personally in a typical week? Tick the box.

1-5		6-10		11-20		21-50		More than 50 (~)	
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8. What age groups (of young people) do you work with primarily? Tick all that apply.

0-1		1-5		5-11		11-16		16+	
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9. Is your clientele mainly from economically deprived, affluent or mixed backgrounds?

Affluent		Mainly affluent		Mixed		Mainly deprived		Deprived	
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10. What is the gender mix of the young people you work with?

All male		Mainly male		Mixed		Mainly female		All female	
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11. If you work with a particular group of young people, for example those with attention difficulties, social communication disorders, "looked after" or abused children, or those with severe emotional or behavioural problems, young carers, children with disabilities, please describe this briefly

Your qualifications and training

12. What professional qualifications do you have (if any)?

13. Have you had any specific training in child and adolescent mental health? Tick the box.

Yes		No	
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- 13a. If yes, what training have you had?

Getting help for young people with mental health, emotional or behavioural problems

14. If you have responsibility for a young person with mental health, emotional or behavioural problems, where can you go for help? Please list all the agencies or job titles of people you can access.

	Please continue over the page, if necessary.

14a. It can be difficult getting access to a service for a young person. In your experience, which, if any of the following factors, make access difficult? Please tick all that apply.

Geography	<input type="checkbox"/>	Lack of information about services	<input type="checkbox"/>
Waiting lists	<input type="checkbox"/>	Reluctance amongst children and young people	<input type="checkbox"/>
Stigma	<input type="checkbox"/>	Service style (e.g. user-friendliness)	<input type="checkbox"/>
Communication with services	<input type="checkbox"/>	Service criteria (e.g. priorities)	<input type="checkbox"/>
Other (please describe)	<input type="checkbox"/>		<input type="checkbox"/>

14b. Please tell us briefly about these matters.

Your work with young people with mental health, emotional or behavioural problems.

15. Thinking about **the last time** you dealt with a child or teenager with mental health, emotional or behavioural problems, what was the problem?

15a. What did you do, if anything, in relation to the problem?

15b. What would you like to have done?

15c. What were the barriers, if any, to achieving the outcome you would have liked?

16. Please think about **the most worrying case** of mental health, emotional or behavioural difficulties in a child or adolescent you have dealt with within the past 3 years. What was the problem?

16a. What did you do, if anything, in relation to the problem?

16b. What would you like to have done?

16c. What were the barriers, if any, to achieving the outcome you would have liked?

17. Now thinking about the management of a case of mental health, emotional or behavioural difficulties over the past three years which gave you most satisfaction, what was the problem?

17a. What did you do, if anything, in relation to the problem?

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17b. What would you like to have done?

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17c. Why did you find the management of this case so satisfactory?

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18. Within the past year, roughly how many children or adolescents with mental health, emotional or behavioural problems have you dealt with? Tick the box.

None		1-5		6-10	
11-20		21-50		More than 50	

19. How often, in a typical week, do you have to deal with children or adolescents with mental health, emotional or behavioural problems? Tick the box

Less than once		Once or twice		3-5 times	
6-10 times		11-20 times		> 20 times	

20. How much time, in a typical week, do you spend dealing with emotional, mental or behavioural health problems in children or adolescents? Tick the box.

< 1 hour		1-2 hours		2-4 hours	
4-8 hours		8-20 hours		> 20 hours	

21. Do you make any specific arrangements to identify emotional, mental health or behavioural problems in young people? Tick the box.

Yes		No	
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21a. If you ticked "yes", what is your approach?

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22. Are you involved in offering any formal strategies to prevent emotional, mental health or behavioural problems? Tick the box.

Yes		No	
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22a. If you ticked "yes", could you describe your strategy/strategies?

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23. Do you offer any other sort of health promotion for young people? Tick the box.

Yes		No	
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23a. If you ticked yes, could you say what sort of health promotion you offer?

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24. Do you have any specific in-house arrangements for dealing with young people with mental health, emotional or behavioural problems? Tick the box.

Yes		No	
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24a. If you ticked yes, could you describe these arrangements?

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25. If you could have access to a new sort of service for children with mental health, emotional or behavioural problems, or an improved version of a service which exists already, what would it be?

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26. Would you wish to have any further training in dealing with emotional, mental health or behavioural problems, or in mental health promotion for young people? Tick the box.

Yes		No	
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26a. If you ticked "yes," what sort of training would you like?

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27. Do you have any wish to be involved in the planning of services for young people with emotional, behavioural or mental health problems?

Yes		No	
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27a. If so, how might services be changed to allow this to happen (e.g. inter - agency meetings or direct involvement with health or other management structures)?

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28. Is there anything else you would like to say about services for emotional, mental health or behavioural problems in young people?

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Thank you very much for your help with this important work.

Would you like a copy of the final SNAP report?

Yes		No	
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If "yes", please complete these details.

NAME _____

ADDRESS _____

