

**Scottish Needs Assessment Programme**

**CHILD AND ADOLESCENT MENTAL HEALTH GROUP**



**PRACTITIONER QUESTIONNAIRE B**

Respondent number

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1 Your job

1a. What is your job title?	
1b. Your professional group?	
1c. Your grade?	
1d. How many hours are you contracted to work each week?	

7. Do you have a personal development plan agreed with your line manager?

Yes		No	
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2a. Do you meet at regular intervals with your line manager for a personal development meeting or appraisal meeting?

Yes		No	
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2b. If YES, how often does this happen?

7. Do you have a formal arrangement for supervision of your clinical work from another professional (including peer review)?

Yes		No	
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3a. If YES, please describe briefly

7. How many days did you spend in professional training (including continuing professional development) in year 2001 - 2002?

Days

7. What is your main professional qualification?

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5a. For how many years have you held this qualification?

Years

5b. For how many years have you worked with children and/or young people?

Years

6. Do you have any additional professional qualification relevant to your CAMHS role e.g. in analytical psychotherapy, in cognitive behaviour therapy etc (please exclude courses of a week or less)

Yes		No	
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6a. If yes, please give details.

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7. This question is about the components of your job

7a. Thinking about the amount of time involved, what are the main elements in your practice?  
(Please answer for each heading)

	Most of my time	About half of my time	Some of my time	Little/none of my time
Mental health (MH) promotion work				
Prevention of MH problems				
Assess / treat persons with MH problems				
Assess/treat young people with other health problems				
Consultation to other agencies				

7b. What are the other elements?

	Most of my time	About half of my time	Some of my time	Little/none of my time
Management / administration				
Supervision of others				
Personal development/own supervision				
Service development work				
Professional activities outside local service				

7c. Please indicate whether you are involved in emergency work

Emergency work (in office hours)		On call / out of hours	
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9. What is the age range of the children and young people you see?

From \_\_\_\_\_ to \_\_\_\_\_ years

9a. What is the age range of the service in which you work?

From \_\_\_\_\_ to \_\_\_\_\_ years

10. Are you familiar with the HAS Model of a tiered mental health service?

Yes		No	
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10a. If yes, please estimate the proportion of time you spend on:

Tier 1 work		%
Tier 2 work		%
Tier 3 work		%
Tier 4 work		%
TOTAL	100%	

11. Where is your main work base? (Tick one only)

Department in Children's Hospital		Department in General Hospital	
Department in Psychiatric Hospital		Specified Base in Community	
Specified Tier 4 facility (e.g. Day unit)		Other (please state)	

12. What proportion of your direct clinical work takes place in the following settings?

Main workbase		%
Clients' homes		%
Health Centres		%
Hospital (not in base)		%
Special unit (not in base)		%
Other professional department (please state which)		%
TOTAL	100%	

13. In what kinds of assessment/treatments do you specialise? Please name three.

1	
2	
3	

16. Do you prescribe any form of medication for children or young people?

Yes		No	
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16a If yes, please list the medications you prescribe

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17. Do you have any comments about use of medication in CAMH practice?

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18. Are you currently involved in clinical audit activities (excluding routine service data collection)?

Yes		No	
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18a. If YES, please describe.

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19. How often do you take part in teaching and training others (please tick all that apply)?

	Regularly	Occasionally
Teaching on professional training course		
Supervising trainee from own profession (e.g. psychiatry, clinical psychology)		
Teaching own profession		
Supervising colleagues from own profession		
Teaching other professional group		
Supervising other professional group		
Other (please specify)		

20. Do you take part in research?

Yes		No	
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23a. If YES, please describe briefly.

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21. Please list anything you have published over the last five years (continue overleaf, if necessary).

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23. Please briefly describe any innovative work in which you are involved.

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24. What specific professional interests do you have (please name up to three)?

1	
2	
3	

25. Please indicate the extent to which the nature of your work changed over the last two years.

A great deal		To some extent		A little		Very little		Not at all	
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25a. If there have been changes, please describe the three most important changes

1	
2	
3	

**SERVICE DELIVERY**

26. How much of your work involves working with a colleague from another discipline in your own agency?

Most of my time		About half of my time		Some of my time		Little/none of my time	
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26a. Please indicate the nature and frequency of this

	Often	Sometimes	Never
CAMHS team meetings and/or case discussions			
As part of another health service team (Please state nature of team)			
Liaison over specific cases			
Joint assessment			
Joint screening			
Group work			
Joint therapeutic work			
Joint case with specific roles for different parts of the work			
Other, please state			

27. Which of the following types of team do you work in? (please tick all that apply)

	Often	Sometimes	Never
General CAMHS (based in psychiatry service)			
Clinical psychology department			
Paediatric team			
Team for specialised service (please state which)			
Child development team			
Residential/ in-patient facility			
Day unit			
Other (please state)			

28. How much inter-agency work (i.e. health liaising with social work, etc.) do you do?

Most of my time		About half of my time		Some of my time		Little/none of my time	
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- 28a. What is the nature and frequency of this work?

	Often	Sometimes	Never
Liaison over joint cases			
Providing joint service (please state which)			
Other joint work (please state nature)			
Case reviews			
Meeting re service			
Consultation			
Other (please specify)			

29. With which of the following have you worked in the last year? (please tick all that apply)

Community paediatricians		Dietician	
Hospital paediatricians		Physiotherapist	
General practitioners		School teacher	
Child psychiatrist		Educational psychologist	
Clinical psychologist		Social worker	
CAMHS nurse		Reporter to the Children's panel	
Child psychotherapist		Residential care worker	
Health visitor		Foster parents/community carers	
Speech and language therapist		Art/music therapist	
Occupational therapist		Other, please state	

30. Are you involved in using any of the following?

	Use in day to day work	Used in project
Home Start		
Mellow Parenting		
Parent-Child Game		
Positive parenting programme (PPP)		
SPIN ( <i>spell out</i> )		
Webster-Stratton Programme		
Early Bird (autism)		
Starting Well		
PEP ( <i>Spell out</i> )		
Other, please state		

**If the work is part of a project we would be grateful to receive information about it and particularly any evaluation.**

31. Are you involved in a Sure Start Initiative?

Yes		No	
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31a. If YES, please describe briefly

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**We would be grateful to receive information about any evaluation.**

32. Are you involved in any work in a "new community school"?

Yes		No	
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32a. If YES, please describe briefly

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33. Are you involved in formal joint work a local authority, e.g. a joint assessment or drug action team?

Yes		No	
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33a. If YES, please describe briefly

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34. Please indicate the impact clinical governance has had on your service.

A great deal		Some		A little		Very little or none	
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34a. If you see an impact, please describe briefly.

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35. Do you participate in any of these arrangements for service review and development?

NHS Board CAMHS commissioning		NHS trust reviews of local CAMHS	
Local CAMH service reviews		Local CAMHS team reviews	
Local authority Children's Services Plans		Consultations with service users	
Other (please state)			

35a To what extent do you participate in review and development activities?

Frequently		Regularly, not frequently		Irregularly		Seldom or never	
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36. What do you see as the main strengths of the service you deliver?

1	
2	
3	

37. What do you see as the main difficulties of the service you deliver?

1	
2	
3	

38. What do you see as the main gaps in children's mental health services in your area?

1	
2	
3	

40. We wish to gather data about the gender and ethnicity of those who work in CAMHS. We would, therefore, be grateful if you would complete the following questions.

40a. Your gender

Female		Male	
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40b. Your ethnic background

Black Caribbean		Black African		Black other	
Chinese		Pakistani		Indian	
Bangladeshi		White		Other _____	

40c. If you are able to conduct consultations in languages other than English, please note them

41. Please add any other comments about this questionnaire, your job or about child and adolescent mental health services as a whole.

**Please remember to enclose any details of projects, research and evaluated services, which we might be interested in mentioning in our report.**

**Thank you for your help.**