

**Scottish Needs Assessment Programme**

**CHILD AND ADOLESCENT MENTAL HEALTH GROUP**



**PRACTITIONER QUESTIONNAIRE B2**

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?	

2. 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?

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

Yes		No	
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3a. If YES, please describe briefly

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

Days

5. What is your main professional qualification?

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				
Work with young people with mental health problems				
Work with 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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8. What is the age range of the children and young people you see?

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

- 8a. What is the age range of the service in which you work?

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

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

Yes		No	
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- 9a. 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%	

10. 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)	

11. What proportion of your practice with young people 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%	

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

1	
2	
3	

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

Yes		No	
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- 13a If yes, please list the medications you prescribe

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

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

Yes		No	
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- 15a. If YES, please describe.

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16. 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		
Teaching own profession		
Supervising colleagues from own profession		
Teaching other professional group		
Supervising other professional group		
Other (please specify)		

17. Do you take part in research?

Yes		No	
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- 17a. If YES, please describe briefly.

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

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

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

1	
2	
3	

21. 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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- 21a. If there have been changes, please describe the three most important changes

1	
2	
3	

### **SERVICE DELIVERY**

22. How often do you engage in joint work with a colleague 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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- 22a. Please indicate the nature and frequency of this

	Often	Sometimes	Never
Own team meetings and/or case discussions			
As part of another team in your agency			
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			

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

	Often	Sometimes	Never
Multi-disciplinary mental health team, NHS based			
Single discipline mental health team, NHS based			
Multi-disciplinary health team, NHS based			
Team for specialised service (please state which)			
Child development team			
Residential/ in-patient facility			
Day unit			
Multi-disciplinary team, non-NHS based			
Single discipline team, non-NHS based			
Other (please state)			

24. How much inter-agency work (i.e. voluntary organisation liaising with NHS, 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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- 24a. 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)			

25. 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)		
Webster-Stratton Programme		
Early Bird (autism)		
Starting Well		
Other, please state		

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

26. Are you involved in a Sure Start Initiative?

Yes		No	
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- 26a. If YES, please describe briefly

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

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

Yes		No	
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27a. If YES, please describe briefly

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

Yes		No	
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28a. If YES, please describe briefly

29. *If you practice in the NHS, 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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29a. If you see an impact, please describe briefly.

30. 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)			

30a To what extent do you participate in review and development activities?

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

1	
2	
3	

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

1	
2	
3	

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

1	
2	
3	

34. 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.

34a. Your gender

Female		Male	
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34b. Your ethnic background

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

34c. If you are able to conduct consultations in languages other than English, please note them

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35. 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.**

Would you like a copy of the final SNAP report?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If "yes", please complete these details.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

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