

Scottish Needs Assessment Programme

CHILD AND ADOLESCENT MENTAL HEALTH GROUP



SERVICE LEADER QUESTIONNAIRE:

VOL/IND SECTOR

Respondent number

--	--	--	--	--	--

1. What is your role in your organisation?

--

2. What are the main aims of your organisation?

a.
b.
c.

3. How many workers are there in your organisation, working in:

	Number	Whole time equivalents
Generic children's services		
Generic mental health services		
Specific child and adolescent mental health service		
Other (please describe)		

4. Which of the following activities does your organisation address routinely?

Promoting health and wellbeing/ preventing mental health problems	
Early identification of mental health problems	
Early intervention with persons with emerging mental health problems	
Working with persons with established mental health problems	

5. What is your organisation's expenditure (to nearest thousand pounds):

On Children's Services?	£	,000
On services targeted at emotional and mental health well-being	£	,000
Total organisation expenditure	£	,000

6. What proportion of your for 2001/2002 budget was on a project/non-recurring basis?

%

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

--

7. To what extent is your organisation involved with local NHS arrangements for commissioning child and adolescent mental health services?

Fully Involved		Involved to some extent		Not involved	
----------------	--	-------------------------	--	--------------	--

8. To what extent is your organisation involved with local authority Children's Services Planning?

Fully Involved		Involved to some extent		Not involved	
----------------	--	-------------------------	--	--------------	--

9. Does your organisation specifically address staff training in relation to the mental health and well being of children and young people?

Yes		No	
-----	--	----	--

9a. If yes, please describe briefly

10. Are any of your organisation's activities in relation to CAMH services funded jointly with health or in partnership with any other agency?

Yes		No	
-----	--	----	--

10a. If yes, please describe briefly

11. Are you familiar with the Health Advisory Service model of a tiered Mental Health Service?

Yes		No	
-----	--	----	--

11a. Do you make use of the HAS model?

No		Reference Only		Provides Strategic Framework	
----	--	----------------	--	------------------------------	--

11b. Do you have any comments on the usefulness of the HAS model?

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

Yes		No	
-----	--	----	--

12a. If yes, please describe briefly

12b. Is your organisation involved in any initiatives to counter such exclusion?

Yes		No	
-----	--	----	--

12c. If yes, please describe briefly

13. Please describe any part which children, young people or carers play in your arrangements for developing and planning services.

14. We have asked you to distribute SNAP questionnaires to members of your organisation, where appropriate. Could you please indicate the number of copies you have distributed:

Questionnaire A		Questionnaire B2	
-----------------	--	------------------	--

15. Please add any other remarks that you would like to make about mental health and wellbeing of children and young people.

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE