



YOUNG PEOPLE'S MENTAL HEALTH STUDY

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

CLINICAL QUESTIONNAIRE: GENERAL HOSPITAL ADMISSION

CONFIDENTIAL

NCEPOD number:

Who completed this questionnaire?

Name: _____ Position: _____ Specialty: _____

What is this study about?

This study explores the quality of health care for young people aged 11-25 with mental health conditions across the UK.

Aims

- To identify remediable factors in the quality of care provided to young people treated for mental health conditions; with specific reference to depression and anxiety, eating disorders and self harm.
- To examine the interface between different care settings
- To examine the transition of care to adult services

Who should complete this questionnaire?

For completion by the clinician who was responsible for the patient at the time of admission in acute hospital setting (paediatricians, acute physicians, and surgeons and/or senior nursing staff) who care for patients aged 11-25 who are admitted primarily with an acute or severe ongoing mental health problem

CPD accreditation:

Consultants who complete NCEPOD questionnaires make a valuable contribution to the investigation of patient care. Completion of questionnaires also provides an opportunity for consultants to review their clinical management and undertake a period of personal reflection. These activities have a continuing medical and professional development value for individual consultants. Consequently, NCEPOD recommends that consultants who complete NCEPOD questionnaires keep a record of this activity which can be included as evidence of internal/self directed Continuous Professional Development in their appraisal portfolio.

If you (the clinician completing the questionnaire) would like email confirmation of the completion of this questionnaire for your records, please clearly supply your email address to the right.

How to complete the form:

Information will be collected using two methods; box cross and free text, where your opinion will be requested.

This form will be electronically scanned. Please use a black or blue pen. Please complete all questions with block capitals/clear writing that others can easily read or a bold cross inside the boxes provided e.g.

Were there any delays in the first assessment following arrival?

Yes No

If you make a mistake, please "black-out" the incorrect box and re-enter the correct information, e.g.

Yes No

Unless indicated, please mark only one box per question.

Questions or help?

A list of definitions is provided on page 2 of the questionnaire.

If you have any queries about this study or this questionnaire, please contact

ypmh@ncepod.org.uk

Or telephone: 020 7251 9060

Thank you for taking the time to complete this questionnaire. The findings of the study will be published in late 2017.

Email address:



DEFINITIONS

Children and young people	This includes children and young people who have not yet reached their 18th birthday, care leavers and young people in education, and young adults up to the age of 25 years. (RCGP, RCN, RCPCH in Looked after children: Knowledge, skills and competences of healthcare staff. March 2015)
% Ideal Weight	Current BMI divided by BMI on the 50th centile for age and gender multiplied by 100. (RCPsych. Junior MARSIPAN: Management of really sick patients under 18 with Anorexia Nervosa. 2015)
Care leavers	A young person who has left care. Defined by the Children (Leaving Care) Act 2000, as "someone who has been in the care of the Local Authority for a period of 13 weeks or more spanning their 16th birthday". (Children (Leaving Care Act). 2000)
Looked after children	England and Wales: A child is defined as 'looked after' if they are in the care of, or are provided with accommodation for more than 24 hours, by the local authority, as defined under the Children Act 1989. Scotland: In addition, 'looked after children' are defined in law under the Children (Scotland) Act 1995. Northern Ireland: In addition, 'looked after children' can also include children receiving respite care (RCGP, RCN, RCPCH in Looked after children: Knowledge, skills and competences of healthcare staff. March 2015)
Levels of care (adults)	Level 0/1: Normal ward care in an acute hospital Level 2: High Dependency Unit for patients requiring more detailed observation or intervention including support for a single failing organ system or post-operative care and those 'stepping down' from higher levels of care e.g. ICU Level 3: For patient requiring advanced respiratory support alone or monitoring and support for two or more organ systems. Includes all complex support for multi-organ failure e.g. Intensive Care Unit (ICS. Levels of critical care for adult patients. 2009)
Paediatric critical care unit	A discrete area within a ward or hospital where paediatric critical care is delivered.
Paediatric levels of critical care	Level 1 PCCU: A discrete area or unit where Level 1 paediatric critical care is delivered. With Paediatric Critical Care Network agreement, CPAP for bronchiolitis may be initiated or continued in a number of Level 1 Paediatric Critical Care Units. Level 2 PCCU: A discrete area or unit where Level 1 and Level 2 paediatric critical care are delivered. Other than in specialist children's hospitals, Level 2 units should be able to provide, as a minimum, acute (and chronic) non-invasive ventilation (both CPAP and BiPAP support) and care for children with tracheostomies and children on long-term ventilation, but should not be expected to deliver specialist Level 2 interventions such as ICP monitoring or acute renal replacement therapy. Within specialist children's hospitals, Level 2 units may provide some or all of these additional specialist interventions. Level 3 PCCU: A unit delivering Level 2 and Level 3 paediatric critical care (and Level 1 if required). This unit may also be called a Paediatric Intensive Care Unit (PICU). (PICS. Quality care standards for the care of critically ill children. 2015)
Transition	Vertical transfer between specialist mental health services Please refer to: https://www.nice.org.uk/guidance/ng43 Transition from children's to adults' services for young people using health or social care. Feb 2016.



CODES FOR SPECIALTY

SURGICAL SPECIALTIES

100 = General surgery	101 = Urology	110 = Trauma & orthopadics
130 = Ophthalmology	140 = Oral surgery	145 = Oral and maxillo facial surgery
150 = Neurosurgery	160 = Plastic surgery	180 = Accident & Emergency
170 = Cardiothoracic Surgery	171 = Paediatric surgery	192 = Critical care medicine
190 = Anaesthetics	191 = Pain management	

MEDICAL SPECIALTIES

300 = General medicine	301 = Gastroenterology	302 = Endocrinology
303 = Clinical haematology	314 = Rehabilitation	315 = Palliative medicine
320 = Cardiology	321 = Paediatric cardiology	330 = Dermatology
340 = Respiratory medicine	350 = Infectious diseases	360 = Genito-urinary medicine
361 = Nephrology	370 = Medical oncology	400 = Neurology
420 = Paediatrics	421 = Paediatric neurology	501 = Obstetrics
502 = Gynaecology	600 = General medical practice	700 = Learning disability
710 = Adult mental illness	711 = Child & adolescent psychiatry	712 = Forensic psychiatry
713 = Psychotherapy	800 = Clinical oncology	823 = Haematology
900 = Community medicine		

CODES FOR GRADE

01 – Consultant	02 – Staff grade/associate specialist
03 – Trainee with CCT	04 – Senior specialist trainee (ST3+ or equivalent)
05 – Junior specialist trainee (ST1&ST2 or CT equivalent)	06 – Basic grade (HO/FY1 or SHO/FY2 or equivalent)
07 - Specialist nurse (nurse consultant, nurse practitioner, clinical nurse specialist,)	08 - Senior staff nurse, enrolled nurse (EN) etc)
09 - 1st Level nurse, staff nurse (RGN)	10 - Registered mental health nurse
10 - Allied Health Professional (Physiotherapy/ Speech & language therapy/Occupational therapy)	11 - Clinical psychologist
12 - Psychotherapist (including family and systemic therapist, and expressive arts therapist)	13 - Mental health practitioner (other)
14 - Non-registered staff (HCA etc.)	



STRUCTURED COMMENTARY

Please use the box below to provide a brief summary of this case, adding any additional comments or information you feel relevant. You should be assured that this information is confidential. Please write clearly for the benefit of case reviewers. You may also continue on the back of the form or on additional pages if need be.

NCEPOD attaches great importance to this summary. Please give as much information as possible about the care of this patient.



REFERRAL CONTACT DETAILS

We are sending questionnaires to Community Mental Health Teams, the clinician responsible for a mental health inpatient stay, and Mental Health Service Teams (including mental health liaison) in the General Hospital. In order for us to identify the relevant clinicians that were responsible for this patients care we would be grateful if you could complete the following where appropriate.

Community Mental Health Team

1a. Was this patient under the care of a community mental health team in the 2 years prior to, or at the time of this hospital admission? Yes No Unknown

1b. If YES please give the details of the MAIN PROVIDER of community mental health services for this patient:

Name of Team:

Name of Lead:

Address:

Mental Health Inpatient Care

2a. Was the patient referred from mental health inpatient care directly, or receiving mental health inpatient care immediately prior to this index admission? Yes No Unknown

2b. If YES, please give the name of the Consultant responsible for the patient's care and the hospital:

Name:

Address:

2c. Was the patient subsequently referred for mental health inpatient care following this admission? Yes No Unknown

2d. If YES, please give the name of the Consultant responsible for the patient's care and the hospital:

Name:

Address:



Mental Health Services in the General Hospital (including mental health liaison)

3a. Was the patient under the care of a mental health service team in the general hospital (including mental health liaison) team during the index hospital admission? Yes No Unknown

3b. If YES please give the details of the mental health service team at the time of admission:

Name of team:

Name of Lead:

Address:

3c. Was the patient under the care of a liaison psychiatry team in the 2 year period prior to the index hospital admission? Yes No Unknown

3d. If YES please give the details of the liaison psychiatry team at time of referral:

Name of team:

Name of Lead:

Address:



A. PATIENT DETAILS

4. Age of patient on date of arrival: Years
5. Gender? Male Female
- 6a. On admission what was the patient's: Height cm Unknown
Weight kgs Unknown
BMI Unknown
- 6b. If the patient was under 18 and had an eating disorder, please give % ideal weight for age if available (please see definition on page 2.) Unknown
7. Did this patient speak English as a first language? Yes No Unknown
8. Was this patient part of any of the following high risk groups? (Answers may be multiple)
- Looked after child or care leaver (see definition on page 2) Learning disability
- Social care involvement for safeguarding risk? e.g. child at risk, child in need, vulnerable adult
- Substance Misuse Exposure to war or migration Autistic spectrum disorder
- Offending history leading to the involvement of Youth Offending Team, Probation Service or Criminal justice service
- None Other (Please specify)

B. ARRIVAL DETAILS

- 9a. Date of ARRIVAL at hospital: Unknown
d d m m y y y y
- 9b. Time of ARRIVAL at hospital: Unknown
h h m m (24 hour clock)
10. Location of arrival?
- Emergency Department Clinical Assessment Unit Emergency Medical Unit
- Surgical Assessment unit
- Other e.g. direct referral via GP to ward (Please specify)
- 11a. On arrival, was the patient accompanied? Yes No Unknown



11b. If YES, who accompanied the patient? (Answers may be multiple)

- Parent/guardian/relative/partner Friend Ambulance service staff
 Registered mental health nurse Other nurse or carer Social worker
 Member of college/school staff Police Unaccompanied
 Other (please specify)
 Unknown

12a. What was the source of admission?

- Usual place of residence Residential home NHS hospital
 Temporary place of residence Non NHS hospital Police station
 Prison High security psychiatric accommodation
 Other (please specify)

12b. If USUAL PLACE OF RESIDENCE was this:

- Family home Foster care Residential home
 University Halls of Residence Hostel Homeless
 Other (please specify)

13. How was this patient referred for hospital care?

- GP via. Emergency Department or direct to ward
 Self via. Emergency Department or direct to ward
 Community Mental Health Team via Emergency department or direct to ward
 School Social Worker Youth Offending Team
 Other (please specify)

14a. Was there an accompanying referral letter/email?

- Yes No Unknown

14b. If YES, did this contain adequate information about the patient's medical condition?

- Yes No Unknown

15. Where was the initial hospital assessment conducted?

- Emergency Department Ward Admissions/Assessment Unit
 Other (please specify)

16a. What was the grade and specialty of the clinician who conducted the initial assessment? (Please use grade and speciality codes listed on page 3).

- Grade Unknown Specialty Unknown



16b. Who was present with the patient during this assessment? (Answers may be multiple)

- Parent/guardian/relative/partner Friend Ambulance service staff
 Registered mental health nurse Other nurse or carer Social Worker
 Police College/School Staff Unaccompanied
 Other (please specify)
 Unknown

16c. What were the presenting problem(s)? (Answer may be multiple)

- An Eating Disorder An Anxiety Disorder A Depressive Disorder
 Self-harming behavior or ideation, or significant risk of self harm

17a. Did the patient have any comorbid physical health problems documented on initial clinical assessment?

- Yes No Unknown

17b. If YES, did any of these conditions require urgent medical/nursing attention?

- Yes No Unknown

18a. Was this the first attendance of the patient to this hospital primarily because of their mental health problem?

- Yes No Unknown

18b. If NO, did the patient present with a mental health and/or self harm issue to this hospital within the last 6 months?

- Yes No Unknown

18c. If YES, what was the outcome of this presentation?

- Admission to an Adult Mental Health Unit Admission to Child Mental Health Unit
 Admission to an Adolescent Mental Health Unit Referral for psychological (talking) therapy
 Referral to a mental health professional (OPD) Community Mental Health Team
 Medicines based therapy e.g. antidepressants Unknown
 Other (Please specify)

19a. Was it recorded in the notes whether this patient had a previous psychiatric history?

- Yes No Unknown

If NO previous psychiatric history go to Question 22a on page 10

19b. If YES, was there a record of the current mental health action/management plan made readily available on this attendance?

- Yes No Unknown
 Not applicable
(No management plan)

19c. If YES to 19a, at the time of arrival/admission did the admission team have access to the community notes/summaries/letters?

- Yes No Unknown



20a. Was the patient undergoing active treatment with mental health services before this admission? Yes No Unknown

20b. If NO to 20a, has the patient had previous contact with mental health services within the last year? Yes No Unknown

20c. If YES to 20a, how many contacts of any type had been made? Unknown

21a. Was this patient on medication as part of their treatment for a mental health condition prior to this admission? Yes No Unknown

21b. If YES, what type of medication was the patient on?

Antidepressants Anxiolytics including benzodiazepines and tranquillisers

Other (Please specify)

22a. Were any safeguarding concerns previously documented in relation to the care of this patient? Yes No Unknown

22b. If YES, what were they? (Answers may be multiple)

Physical abuse Sexual abuse/exploitation Neglect

Female genital mutilation Emotional/psychological abuse Domestic violence

Forced marriage modern slavery (e.g. trafficking, forced labour) Radicalisation

Discriminatory abuse (e.g. as a result of sexual orientation or race)

Financial abuse/ exploitation

Other (Please specify)

23a. Did this patient have any special vulnerabilities in relation to disability? Yes No Unknown

23b. If YES, what type of disability? (Answers may be multiple)

Physical (movement) Communication Hearing

Vision Learning

Other (Please specify)

24. Were there any known issues with addiction? Yes No Unknown

25. Were there any known long term issues with alcohol misuse? Yes No Unknown

26. Were there any known problems with chronic substance misuse? Yes No Unknown



27a. Were there any behaviours that staff needed to be aware of? Yes No Unknown

27b. If YES, please give further details:

C. WARD ADMISSION DETAILS

28a. What was the date of ADMISSION? Unknown
d d m m y y y y

28b. What was the time of ADMISSION? (24 hour clock) Unknown
h h m m

29. What type of hospital was this patient ADMITTED to?
 DGH <500 beds DGH >500 beds University Teaching Hospital
 Independent Hospital Specialist Tertiary Paediatric Centre
 Other Speciality Hospital (Please specify)

30. What was the speciality of ward that the patient was admitted to?
 Paediatric ward Adolescent ward Adult Medical Ward
 Adult Surgical Ward Emergency Department Observation Unit Assessment Unit
 Other (please specify)

31a. Were there any delays in the first assessment on admission? Yes No Unknown

31b. If YES, what was the duration of the delay? (24 hour clock) Unknown
h h m m

31c. If YES, in your opinion, did the mental state of the patient contribute to the delay? E.g. Due to identifying appropriate bed staff Yes No Unknown

31d. If YES to 32c, please give details

32a. Date of first medical ASSESSMENT on the ward? Unknown
d d m m y y y y

32b. Time of first medical ASSESSMENT on the ward? (24 hour clock) Unknown
h h m m



33. What was the grade and speciality of the doctor undertaking the first assessment? (Please use grade and specialty codes on page 3)

Grade Unknown Specialty Unknown

34a. What was the date of first consultant review by an acute care physician or surgeon following presentation to hospital?

Unknown
d d m m y y y y

34b. What was the speciality of consultant that first reviewed the patient? (please use speciality codes on page 3)

Specialty Unknown

34c. Was the consultant that carried out the first review also responsible for the patient's ongoing physical health care?

Yes No Unknown

34d. If NO to 34c, what was the time of review by the admitting consultant?

Unknown
h h m m

34e. If NO to Q34C, what was the speciality of the admitting consultant? (Please use speciality codes on page 3)

Specialty Unknown

35. What was the primary reason for admission?

Mental health condition Physical health condition Both

36a. Was an initial assessment of the patient's current mental health status documented at the time of admission by the admitting team?

Yes No Unknown

36b. If YES, what were the presenting mental health problems (Answers may be multiple)

- Deliberate self harm – overdose/ingestion of drugs, alcohol, harmful substances
- Deliberate self harm – physical – cutting/other Suicidal ideation
- Depression Acute anxiety state Eating disorder
- Other (Please specify)

37a. Where there any presenting physical health issues which occurred DIRECTLY as a result of the patient's mental health disorder?

Yes No Unknown

If NO, please go to question 40a

37b. If YES, what were these? (Please tick all that apply)

- Trauma secondary to self harm Overdose requiring toxicology monitoring
- Overdose requiring toxicology management Dehydration
- Electrolyte imbalance Hypoglycaemia (CBG < 4mmol/L) Oesophagitis
- Low pulse rate (< 50/minute) Low Blood pressure (SBP < 85mmHG)
- Other (Please specify)



38a. Did any of these acute medical problems require the patient to require a period of high dependency or intensive care? Yes No Unknown

38b. If YES, please state the level of care:

Paediatric critical care

Level 1 PCCU Level 2 PCCU Level 3 PCCU

Adult critical care

Level 2 Level 3

Other (please specify)

38c. If YES, what was the duration of this care? Hours Days Unknown

39a. In your opinion, did the patient's mental health condition present significant problems which hindered the management of the acute medical problems? Yes No Unknown

39b. If YES, was this because of: (answers may be multiple)

Patient refusal Patient distress/confusion

Other (please specify)

39c. If YES, in your opinion was management of physical health problems delayed as a result of the patient's mental health condition? Yes No Unknown

40a. Did the patient have any other (CHRONIC HEALTH) co morbidities? (Answers may be multiple)

Diabetes Chronic asthma Cystic fibrosis

Arthritis Chronic neurodisability Epilepsy

Other (Please specify) None

40b. If YES, did the patient have ongoing secondary or tertiary care supervision/care for this condition/conditions? Yes No Unknown

40c. If YES to 40b, was information about this care readily available to the admitting team? Yes No Unknown

40d. If YES to 40b, in your opinion were these conditions well managed? Yes No Unknown

40e. If NO to 40d, please specify

41a. Did this patient have basic physiological variables recorded on ward admission? Yes No Unknown



41b. If YES, please indicate which were recorded? (please tick all that apply)

- Heart rate Blood pressure Temperature Oxygen Saturation
 Respiratory rate Other (Please specify)

41c. If any basic physiological measurements were not recorded why did this not occur?

- Patient not able to co-operate Other (Please specify)

42a. Was there evidence at initial assessment that the patient was undergoing regular monitoring of growth and development by other primary or secondary care clinicians?

- Yes No Unknown

42b. If YES to 42a, was this data available to the admitting team?

- Yes No Unknown

43a. Did the assessment of growth and development include a full family history?

- Yes No Unknown

43b. If YES, to 43a, did this family history include enquiry as to mental health conditions in other family members?

- Yes No Unknown

44a. Were there any problems with the initial continuation of medication prescribed for the patient's mental health condition?

- Yes No Unknown
 Not prescribed medication

44b. If YES to 44a, please specify?

- Drugs not available Toxicology issue (i.e. drug interaction) Patient refusal
 Patient unable to take Drugs not prescribed
 Other (please specify)

45. Was there a review of the potential side effects of medication prescribed for mental health during this admission?

- Yes No Unknown
 NA - Not prescribed any medication for mental health condition

D. REFERRAL PROCESS TO MENTAL HEALTH TEAM

46a. Was the patient referred to mental health services during this admission?

- Yes No Unknown

46b. If NO, was this because the patient refused?

- Yes No Unknown

46c. Please give further details:

If the patient WAS NOT REFERRED to Mental Health Services during this admission go to Section F



47a. What was the date of referral from this hospital to mental health services? Unknown
d d m m y y y y

47b. What was the time of referral from this hospital to mental health services? (24 hour clock) Unknown
h h m m

48. Who made the referral to mental health services? (Please use grade and specialty codes listed on page 3)
 Grade Unknown Specialty Unknown

E. MENTAL HEALTH PROFESSIONAL ASSESSMENT

49a. Following referral, was the patient assessed by a mental health professional? Yes No Unknown

49b. If NO to 49a, what was the reason?
 Patient refusal Already undergoing care of community mental health team Unknown
 Other (please specify)

If the patient WAS NOT ASSESSED by mental health services during this admission go to Section F

50. Who made the initial mental health assessment?
 Adult Mental Health Practitioner Grade Unknown
 Child and Adolescent Mental Health Practitioner Grade Unknown
 Liaison Psychiatry Practitioner Grade Unknown
 Other (please specify) Grade Unknown

51. Who was present during this assessment? (Answers may be multiple)
 Nurse (General) Nurse (Mental Health) Parent Carer
 Social Worker Friend Unknown
 Other (please specify)

52a. What was the date of the initial assessment by a mental health professional? Unknown
d d m m y y y y

52b. What was the time of the initial assessment by a mental health professional? (24 hour clock) Unknown
h h m m

53a. In your opinion was there any delay in initial assessment by mental health services? Yes No Unknown



53b. If YES, did this relate to the following: (Answers may be multiple)

Delay contacting mental health professional for whatever reason Delay in mental health professional attending

Other (please specify)

54a. Was there an entry made in the medical notes about the initial mental health assessment? Yes No Unknown

54b. If YES, in your opinion, was this sufficiently detailed? Yes No Unknown

55a. Was a clear action/management plan agreed and outlined after the initial assessment? Yes No Unknown

Not applicable - action plan already in place

55b. If an ACTION PLAN WAS ALREADY IN PLACE was this reviewed/modified/updated? Yes No Unknown

55c. If YES to 55a or 55b, (plan in place, reviewed or updated), was this clearly documented in the main (joint) medical record? Yes No Unknown

55d. If YES to 55a or 55b, where possible was the management plan clearly communicated to the patient? Yes No Unknown

55e. If YES to 55a or 55b, where appropriate was the management plan clearly communicated to parents/carers? Yes No Unknown

No - at patients request

56. What were the outcomes of the initial assessment? (Please tick all that apply)

Transfer to mental health bed Discharge with follow up
 Discharge with mental health management plan Discharge without follow up
 Discharge without mental health management plan

Other (Please specify)

57a. Following the initial assessment (and as appropriate) was a collaborative risk management plan formed? Yes No Unknown

57b. If YES, did this result in the patient being provided with a different level of monitoring of risk in relation to supervision or safe physical location in the acute ward environment? Yes No Unknown

F. MENTAL HEALTH ACT ASSESSMENT

58. Did the referral for admission follow a Mental Health Act Assessment? Yes No Unknown

If NO go to SECTION G

59a. Who originated the request for a Mental Health Act assessment? (Please use grade and specialty codes listed on page 3)

Grade Unknown

Specialty Unknown



59b. Where did the Mental Health Act Assessment take place?

Patients home Police station Unknown

Other community setting (please specify)

Hospital emergency department Hospital place of safety Hospital Ward

Other hospital setting (please specify)

59c. Was there any unnecessary delay in organising the mental health act assessment?

Yes No Unknown

59d. If YES, please specify

59e. What was the outcome of the assessment?

MHA Assessment Order MHA Treatment Order Use of Capacity Act

Hospital emergency department Hospital place of safety Children (Scotland) Act 1995

Age of Legal Capacity (Scotland) Act 1991

Other (please specify)

59f. Was there delay in identifying a designated hospital bed?

Yes No Unknown

59g. If YES, how long was the delay?

Days

Hours

Unknown

59h. If YES to 59g, (delay in assessment) where was the patient being cared for during this time?

Home Emergency Department Hospital ward Holding facility Unknown

Other (please specify)

59i. If YES to 59g, was the patient transferred to an interim facility?

Yes No Unknown

59j. If YES, please specify:

59k. If YES to 59i, for how long was patient there before admission?

Days

Hours

Unknown

G. COMMUNICATION CONFIDENTIALITY AND INFORMATION SHARING

60a. In your opinion, was the patient involved appropriately and at all stages in the decision making process?

Yes No Unknown



- 60b.** Was the parent/carer, where relevant, involved appropriately at all stages in the decision making process? Yes No NA Unknown
- 61a.** Was the patient's involvement in decision making clearly recorded? Yes No Unknown
- 61b.** Where appropriate was the involvement of parents and carers recorded in the notes? Yes No NA Unknown
- 62a.** Was information about this admission shared with any other agencies outside of healthcare?
- Education Yes No NA Unknown
- Social Care Yes No NA Unknown
- 62b.** If YES, (information was shared), was the explicit knowledge and agreement of the patient or parent/carer documented? Yes No Unknown
- 63a.** During this admission was there clarity as to who led/co-ordinated the overall healthcare plan(s) for the patient and or parent/carer? Yes No Unknown
- 63b.** If NO, in your opinion did this lead to problems? Yes No Unknown
- 64a.** In your opinion, were there any specific problems with delivery of basic day to day care during this admission? Yes No Unknown
- 64b.** If YES, what were these? (please tick all that apply?)
- Refusal to take fluids/nutrition Yes No Unknown
- Refusal to take medication Yes No Unknown
- Refusal to allow routine non invasive procedures (e.g. taking pulse and blood pressure) Yes No Unknown
- Absconding Yes No Unknown
- Verbal aggression towards staff, patients or family/carers Yes No Unknown
- Physical aggression towards staff, patients or family/carers Yes No Unknown

Other (Please specify)

If the patient was NOT VERBALLY OR PHYSICALLY AGGRESSIVE please go to Question 66a

- 65a.** If the patient was verbally or physically aggressive, how was this managed? (please tick all that apply)
- De-escalation techniques (calming, distraction) Restriction
- Restraint (Manual) Restraint (Mechanical)
- Tranquillisation Seclusion/Isolation

Other (please specify)



- 65b. If RESTRAINT OR RAPID TRANQUILLISATION was used at any time for this patient was an incident form completed? Yes No Unknown
- 65c. Was collaboration and input/advice sought from the mental health team? Yes No Unknown
- 65d. Was input/advice available from the mental health team in the management of aggression for this patient? Yes No Unknown
- 65e. If RESTRAINT WAS USED, was collaboration and input/advice of parents and carers sought in management of aggression for this patient? Yes No Unknown
- 65f. Was it possible for a parent/carer to be resident and if required/ requested by the patient? Yes No Unknown
- 66a. Was this patient's competency/capacity assessed for any reason during this admission? Yes No Unknown
- 66b. If YES to 66a, was there a need for more than one assessment? Yes No Unknown
- 66c. If YES to 66a what was the reason for this assessment:
- Wishing to leave against advice Refusing investigation
- Refusing nutrition/hydration Refusing treatment
- Other (please specify)

H. SURGERY/PROCEDURES

67. Did the patient require surgery or any procedure/interventions during this admission? Yes No Unknown
- If NO go to Section I**
68. If YES, what was the surgery/procedure(s) that was carried out?
69. Did the surgery/procedure require a general anaesthetic or sedation? Yes No Unknown
70. Was the surgery or procedure undertaken as a direct result of the mental health condition (e.g. self injury or self harm)? Yes No Unknown
- 71a. Were the treating/operating team made aware of the mental health diagnosis pre-operatively? Yes No Unknown



71b. If YES to 71a, were any of the following additional measures put in place in respect to the patient's mental health condition? (please tick all that apply)

- Consent taken after appropriate assessment of competency/capacity
- Prioritisation of care (e.g. making sure patient prepared for surgery early in the day to minimise starvation period)
- Continuity of essential drugs (e.g. administration of antidepressants)
- Allowance for parent or mental health nurse to accompany the patient during procedure)

72a. Were there any specific problems relating to the patient's mental health condition during the surgical pathway? Yes No Unknown

72b. If YES, please give details

I. ADMISSION OUTCOME AND DISCHARGE

73a. What was the date of discharge for this patient from this hospital? Unknown

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d	d	m	m	y	y	y	y

73b. What was the time of discharge for this patient from this hospital? Unknown

<input type="text"/>	<input type="text"/>	(24 hour clock)	
h	h	m	m

74a. What was the discharge destination?

- Transferred to mental health unit within this hospital (Children/Young people)
- Transferred to mental health unit within this hospital (Adult)
- Transferred to mental health unit outside this hospital (Children/Young people)
- Transferred to mental health unit outside this hospital (Adult)
- Discharged home Discharged to residential/care home Died (go to Section J)
- Other (please specify)

74b. If the patient was TRANSFERRED (any location), where were they transferred? (Name of hospital/unit)

74c. If TRANSFERRED TO A MENTAL HEALTH UNIT, how far was this unit from the patient's home?

- Less than 10 miles
- Between 10 and 25 miles
- Between 25 and 50 miles
- Between 50 and 100 miles
- More than 100 miles
- Unknown



75. Who was involved in the discharge planning for this patient? (Tick all that apply)

- Inpatient mental health team Liaison mental health team Primary care team
 Treating medical/surgical team Community mental health team Not applicable

Other (please specify)

76a. Was there a clear written discharge plan for the patient? Yes No Unknown

76b. Did the discharge plan include:

Clear medication plan Yes No Unknown

Meal diet plan Yes No Unknown

Follow up arrangement – Physical/General health Yes No Unknown

Follow up arrangement – Mental Health Therapists Yes No Unknown

77. Was the patient and (where appropriate) their family and/or carer copied into this discharge plan? Yes No Unknown

78a. In your opinion, do you believe that the overall care delivered during this admission (including timeliness of decision making communication) was equivalent to that for an acute medical problem requiring the additional input from a specialist team? Yes No Unknown

78b. If NO, what were the areas that could have been improved upon:

- General clinical health care Organisation of care Mental health care

J. PATIENT DIED DURING THIS ADMISSION

79. If the patient died during this admission what the most likely cause?

- Physical illness unrelated to mental health condition Both
 Physical illness secondary or related to mental health condition Unknown

80. If a PHYSICAL ILLNESS SECONDARY TO MENTAL HEALTH CONDITION was this:

- Self Poisoning Physically compromised low weight Physical self harm

Other (please specify)

81. Was this case discussed at a multidisciplinary meeting? Yes No Unknown

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE



Funding for this study was provided by The Healthcare Quality Improvement Partnership (HQIP) as part of The Clinical Outcome Review Programme into Child Health.

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