



YOUNG PEOPLE'S MENTAL HEALTH STUDY

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

INPATIENT MENTAL HEALTH CARE QUESTIONNAIRE

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 admitting clinicians or case co-ordinators in mental health hospital settings where young people aged 11-25 with an acute or severe mental health problem are admitted and cared for.

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.

CPD accreditation:

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 for children and adults 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. This can be completed either before or after completing the questionnaire.

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, Inpatient Mental Health Hospital Clinicians 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:

General Hospital

2a. Did the patient receive general hospital care within 3 days of admission for mental health inpatient care? Yes No Unknown

2b. If YES , please give the name of the Consultant responsible for the patients 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, at the time of referral for inpatient mental health care? 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. DETAILS OF INPATIENT FACILITY

4. What is the nature of the mental health inpatient unit to which the patient was admitted?

General adult mental health ward

Forensic adult mental health ward

Specialist adult mental health ward (please specify)

General adolescent mental health ward

Forensic adolescent mental health ward

Specialist adolescent mental health ward (please specify)

Young adult mental health ward

Childrens mental health unit

Other (please specify)

5. What best describes the age range of patients admitted to the ward?

Under 18 only

16-25

18 and over

Other (please specify)

B. PATIENT DETAILS

6. Age of patient on date of ADMISSION?

Years

7. Gender:

Male

Female

8a. What was the date of ADMISSION?

d d m m y y y y

Unknown

8b. What was the time of ADMISSION?

(24 hour clock)
h h m m

Unknown

9a. On admission what was the patients:

Height cm

Unknown

Weight kgs

Unknown

BMI

Unknown

9b. 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

10. Did this patient speak English as a first language?

Yes

No

Unknown

11. On admission did the patient meet diagnostic criteria for: (Answers may be multiple)

An Eating Disorder

An Anxiety Disorder

A Depressive Disorder

Self-harming behavior or ideation, or significant risk of self harm



12. What was the primary purpose of the admission? (Answers may be multiple)

- Treatment of mental health disorder described above
- Diagnostic assessment and formulation Safe containment from risk to others
- Assessment of non-response to previous treatment and management
- Safe containment from risk to self Active weight management programme
- Assessment of future placement requirements Trial of medication, or medication adjustment
- Other (please specify)

13. What was the patient's legal status?

- Voluntary patient (fully competent/capacitous consent)
- Voluntary patient treated with parental consent
- Detained under relevant Mental Health Act (admitted under a treatment order)
- Detained under relevant Mental Health Act (admitted under an assessment order)
- Admitted under a Provision of a Capacity Act (please specify)
- Admitted under a Provision of a Children Act (please specify)
- Other (please specify)

14. Was this patient part of any of the following high risk groups? (Answers may be multiple)

- Looked after child or care leaver (please see definitions on P2) 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)

C. ROUTE OF REFERRAL

15. Was the referral? Emergency (including urgent) Elective (including planned)

16. How was the patient referred for inpatient mental health care? (Please tick only one answer)

- A primary care practitioner A CAMHS team
- An adult community mental health team Via an inpatient mental health facility
- An officially designated place of safety Via a general hospital
- A mental health out of hours emergency duty team



**PATIENT REFERRED VIA: A PRIMARY CARE PRACTITIONER
ADULT COMMUNITY MENTAL HEALTH TEAM
CHILD AND ADOLESCENT MENTAL HEALTH TEAM
OUT OF HOURS EMERGENCY DUTY TEAM**

17a. Was the patient under the ongoing care of a community mental health team at the time including CMHT and CAMHS services Yes No Unknown

17b. If YES, for how long? (Months) Unknown

17c. If YES to 17b, was there a risk assessment or a risk management plan in place? Yes No Unknown

18. Were details of the treatment received and patients response to it made available on referral or admission? Yes No Unknown

19a. Was there evidence of alternatives to admission being actively considered by the referring team? Yes No Unknown

19b. If YES, please give details

20a. In your view were there additional community resources which could have been deployed to prevent admission? Yes No Unknown

20b. If YES, please give details

21a. In your view were there any unnecessary delays or barriers to referral to inpatient mental health care? Yes No Unknown

21b. If YES tick all that apply: (Answers may be multiple)

- Delays in mental health assessment process Administrative delays in completing referral
- Delays in decision making process to psychiatric admission
- Lack of clarity about which clinician or team should make the referral
- Lack of availability of suitable hospital bed Lack of clarity in bed finding process
- Administrative delays in confirming bed availability
- Other (please specify)

Please go to question 38

PATIENT REFERRED VIA A GENERAL HOSPITAL

22. Did you have access to the patient's notes from the general hospital? Yes No Unknown

23a. Was a full assessment of the patient's mental health undertaken during the period of general hospital admission? Yes No Unknown



23b. If YES to 23a, what was the date of ASSESSMENT? Unknown
d d m m y y y y

23c. If YES to 23a, what was the time of ASSESSMENT? (24 hour clock) Unknown
h h m m

23d. If YES to 23a, were did the mental health assessment take place? (Please specify)

23e. If YES to 23a, did the assessment include an adequate risk assessment? Yes No Unknown

23f. If YES to 23e, was this risk assessment communicated to inpatient team on referral? Yes No Unknown

24. In your opinion was the young person treated and managed in an age appropriate environment throughout their general hospital admission? Yes No Unknown

25a. Was there evidence of alternatives to admission being actively considered by the referring team? Yes No Unknown

25b. If YES, please give details

26. In your view were there additional community resources which could have been deployed to prevent admission? Yes No Unknown

27a. In your view were there any unnecessary delays or barriers to referral or transfer to mental health hospital from the general hospital? Yes No Unknown

27b. If YES, please give details

Please go to question 38

PATIENT REFERRED VIA A PLACE OF SAFETY

28. Which mental health team assumed responsibility for the assessment and management of the patient in the designated place of safety or other provision?
 Community mental health team Urgent care team General hospital liaison team
 Mental health hospital team Unknown
 Ad hoc arrangement (please specify)

29a. Was there an adequate risk assessment undertaken while the patient was in a place of safety? Yes No Unknown

29b. If YES, was this communicated on referral? Yes No Unknown



30. In your view was the young person treated and managed in an age appropriate environment throughout? Yes No Unknown

31a. Was there evidence of alternatives to admission being actively considered by the referring team? Yes No Unknown

31b. If YES, please give details

32a. In your view were there additional community resources which could have been deployed to prevent inpatient admission and facilitate community discharge? Yes No Unknown

32b. If YES, please give details

33a. In your view were there any unnecessary delays or barriers to referral or transfer to the mental health hospital? Yes No Unknown

33b. If YES, please give details

Please go to question 38

PATIENT TRANSFERRED FROM ANOTHER INPATIENT MENTAL HEALTH FACILITY

34a. Please specify the name of the mental health facility from which the patient was transferred:

34b. Please specify the name of Psychiatrist or Lead Case Worker?

35a. What was the original date of date of admission for mental health inpatient care? Unknown
d d m m y y y y

35b. What was the reason for transfer?
 Requires more or less secure placement (please specify) High to Low Low to High
 Requires more or less specialist placement (please specify) High to Low Low to High
 Move nearer to home and community of origin
 Move due to age or legal treatment thresholds
 Other (please specify)

36. In your view was the young person treated and managed in an age appropriate environment prior to transfer? Yes No Unknown



37a. In your view were there additional community resources which could have been deployed to prevent the need for transfer and facilitate community discharge? Yes No Unknown

37b. In your view were there any unnecessary delays or barriers to referral or transfer to psychiatric hospital? Yes No Unknown

37c. If YES, please give details below?

D. MENTAL HEALTH ACT ASSESSMENT

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

If NO go to SECTION E.

IF YES:

39a. Who originated the request for a Mental Health Act Assessment? (Please see codes on page 3.)

Grade Unknown Specialty Unknown

39b. 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)

39c. Was there any unnecessary delay in organising the mental health act assessment? Yes No Unknown

39d. If YES, please specify

39e. 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)



39f. Was there delay in identifying a designated hospital bed? Yes No Unknown

39g. If YES, how long was the delay? Days Hours Unknown

39h. If YES to 39f, (delay in assessment) where was the patient being cared for during this time?

Home Emergency Department Hospital ward Holding facility Unknown

Other (please specify)

39i. If YES to 39f, was the patient transferred to an interim facility? Yes No Unknown

39j. If YES, please specify

39k. If YES to 39i, for how long was patient there before admission? Days Hours Unknown

E. TRANSFER DETAILS TO THE INPATIENT MENTAL HEALTH CARE FACILITY

40. What is the estimated distance between the inpatient facility and patient's usual place of residence?

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

41. How was the patient transported?

Hospital arranged transport Patient made their own way Ambulance
 Patient/Family arranged transport Private car Unknown
 Secure transport e.g. prison or police

42a. Were there any problems encountered in making the practical arrangements for the transfer of the patient? Yes No Unknown

42b. If YES, please tick which apply? (Answers may be multiple)

Lack of clarity about who is responsible for making transport arrangements
 Transport issues Escort issues Resource issues

Medication Treatment Issues (please specify)

Other (please specify)

43. Approximately how long did the transfer journey take? Hours Unknown



44. If YES, who accompanied the patient? (Answers can be multiple)

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

45a. In your view has the distance from home had any impact on the patient's treatment, care or wellbeing?
 Yes
 No
 Unknown

45b. In your opinion has the distance from home had any impact on the patient?

	Positive	Negative
Separation from family circumstance	<input type="checkbox"/>	<input type="checkbox"/>
Separation from adverse social factors	<input type="checkbox"/>	<input type="checkbox"/>
Separation from professional contacts	<input type="checkbox"/>	<input type="checkbox"/>
Reduced risk of absconsion	<input type="checkbox"/>	<input type="checkbox"/>
Lack of contact with family members	<input type="checkbox"/>	<input type="checkbox"/>
Lack of contact with friends	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty in discharge care planning	<input type="checkbox"/>	<input type="checkbox"/>
Difficulties in maintaining professional continuity of care	<input type="checkbox"/>	<input type="checkbox"/>
Engagement with the family in treatment	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty in making arrangements	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify) <input style="width: 300px; height: 40px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>



58c. If NO to 58a, briefly describe the variation

59a. Was treatment ongoing at the time of the current admission? Yes No Unknown

59b. If YES, in your view what factors led to admission? (answers may be multiple)

- Treatment plan inadequate Patient disengagement from treatment plan
- Patient non-compliance with treatment plan Change in risk status
- Patient non response to evidence based treatment plan
- Family/carer non-compliance with treatment plan
- Change in social or family circumstance Precipitating event (e.g. trauma, loss)
- Substance or alcohol misuse
- Other (please specify)

59c. Were any of the factors you have listed avoidable? Yes No Unknown

59d. If YES, please give details

60a. In your opinion, did lack of community resource contribute to admission? Yes No Unknown

60b. If YES, please give details

H. INPATIENT TREATMENT IN CURRENT EPISODE

61a. During this inpatient admission was the patient in agreement with the treatment and management plan provided? Yes No Unknown

61b. If YES, was written consent to the treatment plan obtained? Yes No Unknown

61c. If NO to 61b, what in your view was the primary reason (s) for the patients lack of consent to the treatment plan proposed?

- Patient has competency/capacity but believes proposed treatment plan inadequate
- Patient has competency/capacity but believes proposed treatment plan involves unnecessary deprivation of liberty
- Patient has competency/capacity but prefers an alternative treatment plan
- Patient has competency/capacity but is uncooperative



61c. Continued

Patient lacks competency/capacity because of mental disorder

Patient lacks competency/capacity for reason other than mental disorder (please specify)

Other (please specify)

61d. If NO to 61b, what legal framework was in place to permit treatment to proceed?

Mental Health Act order (please specify)

Capacity Act (please specify)

Children Act - (please specify)

62a. Were clear patient centred goals established for this admission? Yes No Unknown
 NA - No general hospital admission

62b. If YES, please list them below

63a. During this admission were any standardised assessment tools used during the inpatient intervention? Yes No Unknown

63b. If YES to 63a, what assessment tools were used? (Please tick all that apply)

Health of the Nation Outcome Scales

Health of the Nation Outcome Scales for Children and Adolescents

Global Assessment of Functioning

Children's Global Assessment Scale

Depression Inventory (please specify)

Anxiety Inventory (please specify)

Eating Disorder Inventory (please specify)

Other (please specify)

64. During this admission was the patient subject to a formal process of care coordination? Yes No Unknown



65. What treatment was provided for the young person during the index admission? Please specify details for each element provided. (Answers may be multiple)

Treatment		Further details	Was this treatment evidence based?
a) Therapeutic Milieu	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please describe engagement including number of sessions:	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Pharmacotherapy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please describe indication, psychotropic medication used and dosage following titration:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a) Individual talking treatment (including CBT)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please describe engagement including number of sessions:	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Group therapy intervention	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please describe engagement including number of sessions:	<input type="checkbox"/> Yes <input type="checkbox"/> No
e) Family therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please describe engagement including number of sessions:	<input type="checkbox"/> Yes <input type="checkbox"/> No
g) Nutritional intervention	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
e) Other (please specify)		Please describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No



66a. In your opinion, were there any specific problems with delivery of basic day to day care during this admission? Yes No Unknown

66b. 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

Abscondng 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 70a

67. 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)

68. Was there collaboration and input/advice provided by any other mental health team in the management of aggression? Yes No Unknown

69. Was there collaboration and input/advice of parents and carers sought in management of aggression for this patient? Yes No Unknown

70a. Were associated or additional nutritional, medical or surgical problems encountered during the course of this inpatient intervention? Yes No Unknown

70b. If YES to 70a, what were these problems, please specify below

70c. If YES to 70a, how were these problems addressed?

Medical staff on treating team Visiting General Practitioner

Visiting medical or surgical specialist Transfer to General Hospital or equivalent

Referral for outpatient consultation by medical or surgical specialist

Referral to Emergency Department



70d. Were any difficulties or delays documented in obtaining physical health interventions to address these problems? Yes No Unknown

70e. If YES to 70d, please briefly describe

70f. Was the physical health assessment, intervention and advice clearly communicated and documented for the mental health team? Yes No Unknown

I. OUTCOME

71a. What was the date of discharge, death or transfer? Unknown
d d m m y y y y

71b. What was the primary diagnosis on discharge death or transfer (ICD Axis 1) ICD Axis 1: Unknown

Other (please specify)

71c. Discharge destination:

- Discharged home (Please go to Section J)
- Discharged to residential/care home (Please go to Section J)
- Discharged to another community facility (please specify and go to Section J)
- Transferred to another mental health unit (children/young people) (Please go to Section K)
- Transferred to another mental health unit (adult) (Please go to Section K)
- Transferred to general hospital facility (Please go to Section K)
- Transferred to general hospital facility (Please go to Section K)
- Died (Please go to Section L)

J. DISCHARGE PLAN

Please only answer this section if the patient was discharged following this admission?

72a. Was a formalised process of discharge care planning used during this inpatient intervention? Yes No Unknown

72b. If YES, what was the date of the first discharge care planning meeting? Unknown
d d m m y y y y

73a. Were there any difficulties in identifying the correct community mental health team to involve in discharge care planning? Yes No Unknown



73b. If YES to 73a, please specify?

- | | | |
|--|---|---|
| <input type="checkbox"/> Identification of colleague | <input type="checkbox"/> Team challenges | <input type="checkbox"/> Parent factors |
| <input type="checkbox"/> Parents moved | <input type="checkbox"/> Social services | <input type="checkbox"/> Transition |
| <input type="checkbox"/> Patient approaching adulthood | <input type="checkbox"/> Key team members not present | |
| <input type="checkbox"/> Geographical variation | | |

74a. Were there significant difficulties in identifying a community care coordinator or responsible clinician to participate in discharge care planning?

- Yes No Unknown

74b. If YES, please give details below

75a. Did a community social care team separate from the community mental health team participate in discharge planning?

- Yes No Unknown

75b. If YES, what sort of social work team was needed?

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Adult Mental Health | <input type="checkbox"/> Vulnerable Adults / Adult | <input type="checkbox"/> Safeguarding |
| <input type="checkbox"/> Learning Disabilities | <input type="checkbox"/> Children and Families | |

Other (please specify)

76. Were there any difficulties in identifying the correct community social care team to involve in discharge care planning?

- Yes No Unknown

77. Were there any difficulties in identifying a social worker or social work manager to participate in the discharge care planning?

- Yes No Unknown

78a. Were other organisations invited to participate in the discharge care planning?

- Yes No Unknown

78b. If YES to 78a, please specify

78c. If YES to 78a, did they attend discharge care planning meetings?

- Yes No Unknown

79a. Were carers, nearest relatives, or those with parental responsibility invited to participate in care planning meetings?

- Yes No Unknown

79b. If YES to 79a, did they attend?

- Yes No Unknown



79c. If YES to 79b, how did carers, nearest relatives, or those with parental responsibility contribute to the discharge planning process? (Answers may be multiple)

Attended in person Attended by telephone link Skype or video-conference

Written reports Other (please specify)

80a. Were patient advocates invited to participate in care planning meetings? Yes No Unknown

80b. If YES to 80a, did they attend care planning meetings? Yes No Unknown

80c. If patient participation was less than complete, please outline reasons below

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

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

K. PATIENT TRANSFERRED TO ANOTHER HOSPITAL

Please only answer this section if the patient was transferred?

83. What is the primary reason for transfer to another hospital?

Requires more or less secure placement (please specify) High to Low Low to High

Requires more or less specialist placement (please specify) High to Low Low to High

Move nearer to home and community of origin

Move due to age or legal treatment thresholds

Requires treatment for NEWLY diagnosed physical illness (please specify)

Requires treatment for PREVIOUSLY diagnosed physical illness (please specify)

Other (please specify)

84. What is the estimated distance between the destination hospital and the patient's home?

Less than 10 miles Between 10 and 25 Between 25 and 50 Miles



L. PATIENT DIED DURING THE ADMISSION

Please only answer this section if the patient died during this admission?

85. 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

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

- Self Poisoning Physically compromised low weight Physical self harm

Other (please specify)

87. 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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