NCEPOD

MENTAL HEALTH IN YOUNG PEOPLE

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

ORGANISATIONAL QUESTIONNAIRE - YOUNG ADULTS

CONFIDENTIAL

Name of Trust: _____

Who completed this questionnaire?

Name: _____

Position: _____

What is this study about?

This study explores the quality of the care of young people with mental health issues across the UK.

Aims:

To identify the remediable factors in the quality of care provided to young people treated for mental health disorders.

To examine the interface between different care settings.

To examine the transition of care.

We will use the term "YOUNG ADULTS" within this questionnaire to denote young people from the age of 16-18 to 25 years recognising that the point of transition to adult services is variable between and within organisations

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 either block capitals or a bold cross inside the boxes provided e.g.

Following crisis or emergency referral, are there any standards set for assessment from time of referral?

☒ 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.

Who should complete this form?

Mental Health Trust/Hospital/Board:
Clinical Directors and Lead Nurses in adult Services

Acute Trust/Hospital/Board:
Clinical Directors and Lead Nurses in adult Services

To ensure confidentiality of the data, completed questionnaire must be returned directly to NCEPOD in the SAE provided.

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.

ORGANISATIONAL ID ☐☐☐☐☐☐

DEFINITIONS

Network of care (general)	'linked groups of health professionals and organisations from primary, secondary and tertiary care, and social services and other services working together in a co-ordinated manner' DH 2005. A guide to promote a shared understanding of the benefits of managed local networks
Informal network of care	'A collaboration between health professionals and/or organisations from primary, secondary and/or tertiary care, and other services, aimed to improve services and patient care, but without specified accountability to commissioning organisations'. These include: Clinical Association: An informal group that corresponds or meets to consider clinical topics, best practice and other areas of interest. Clinical Forum: A group that meets regularly and has an agenda that focuses on clinical topics. There is an agreement to share audit and formulate jointly agreed clinical protocols. Developmental Network: This group is a Clinical Forum that has started to develop a broader focus other than purely clinical topics, with an emphasis on service improvement.
Formal network of care (Managed clinical networks)	'A collaboration between health professionals and/or organisations from primary, secondary and/or tertiary care, and other services working together in a coordinated manner with clear accountability arrangements'. This network, which includes the function of a Clinical Forum, has a formal management structure with defined governance arrangements and specific objectives linked to a published strategy.
Young people's mental health services	Mental health services which provide advice, support and treatment for young people with mental health conditions, of any level of severity, for young people between the ages of 11-25.
Child and Adolescent Mental Health services	Services that are available in every local area to help children and young people who have mental health difficulties. These services can help their families too. Mental health specialists work in teams in Child and Adolescent Mental Health services to make sure that each person gets all the help they need. (Young Minds, 2016. http://www.youngminds.org.uk/for_children_young_people/a_guide_to_ mental_health_services/glossary)
Tiers*	Tier 1: Child and Young Person's Mental Health service at this level are provided by practitioners who are not mental health specialists working in universal services; this includes GPs, health visitors, school nurses, teachers, social workers, youth justice workers and voluntary agencies. Practitioners will be able to offer general advice and treatment for less severe problems, contribute towards mental health promotion, identify problems early in their development, and refer to more specialist services. Tier 2: Practitioners at this level tend to be CAMHS specialists working in community and primary care settings in a uni-disciplinary way (although many will also work as part of Tier 3 services). For example, this can include primary mental health workers, psychologists and counsellors working in GP practices, paediatric clinics, schools and youth services. Practitioners offer consultation to families and other practitioners, outreach to identify severe or complex needs which require more specialist interventions, assessment (which may lead to treatment at a different tier), and training to practitioners at Tier 1. Tier 3: This is usually a multi-disciplinary team or service working in a community mental health clinic or child psychiatry outpatient service, providing a specialised service for children and young people with more severe, complex and persistent disorders. Team members are likely to include child and adolescent psychiatrists, social workers, clinical psychologists, community psychiatric nurses, child psychotherapists, occupational therapists, art, music and drama therapists. Tier 4: These are essential tertiary level services for children and young people with the most serious problems, such as day units, highly specialised outpatient teams and in-patient units. These can include secure forensic adolescent units, eating disorders units, specialist neuro-psychiatric teams, and other specialist teams (e.g. for children who have been sexually abused), usually serving more than one district or region. *It is recognised organisations are moving away from the use of tiers, however tiers are referred to within the questionnaire as a term commonly used and recognised across the four nations
Third sector services	Mental Health services for Young people provided by voluntary not for profit organisations
Transition	"The process of moving from children's to adult services. It refers to the full process including initial transfer between services, and support throughout" (NICE Transition from children's to adult's services for young people using health or social care services. Draft for consultation, September 2015)

A. THE SITE/FACILITY/ORGANISATION

Please complete this questionnaire in relation to the care provided to young adults as defined by this facility. For the remainder of this questionnaire, these patients will be referred to as young adults.

The facility will be referred to as the 'organisation'. Please answer all questions with regards to the services provided by this organisation.

1a. Over what age would a service user routinely access adult mental health services? (What does your Trust/Health Board define as an adult?) ☐☐ Years

1b. Is there a lead clinician or team for the care of young adults admitted as the result of a mental health condition? ☐ Yes ☐ No

1c. Is there an agreed written transition pathway from child/adolescent to adult services? ☐ Yes ☐ No

2. Please state on behalf of what type of organisation you are completing this questionnaire

☐ Mental Health Trust/Hospital/Health Board **(Please complete sections A & C)**

☐ Community Trust/Hospital/Health Board that provides mental health services
(Please complete sections A & C)

☐ Combined Mental Health and Community Trust/Hospital/Health Board
(Please complete sections A & C)

☐ NHS Acute Trust/Hospital/Health Board WHICH PROVIDES MENTAL HEALTH SERVICES ON SITE and includes the care of young adults up to the age of 25
(Please complete sections A & C)

☐ NHS Acute Trust/Hospital/Health Board which DOES NOT PROVIDE ON SITE MENTAL HEALTH SERVICES and includes the care of young adults up to the age of 25 (There are no on site mental health professionals, but medical care is provided)
(Please complete sections B & C)

☐ Independent provider of mental health services **(Please complete sections A & C)**

☐ Voluntary or Charitable Sector providing mental health services
(Please complete sections A & C)

☐ Other Trust/Organisation/Health Board providing mental health services to young adults up to age 25
(Please complete sections A & C)

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TO BE COMPLETED BY:

• Mental Health Trust/Hospital/Health Board
• Community Trust/Hospital/Health Board that provides mental health services
• Combined Mental Health and Community Trust/Hospital/Health Board
• NHS Acute Trust/Hospital/Health Board which PROVIDES MENTAL HEALTH SERVICES ON SITE and includes the care of young adults
• Independent provider of mental health services
• Voluntary or charitable sector providing mental health services
• Other Trust/Organisation/Heath Board providing mental health services to young adults

A. ACCESS TO SERVICES

1. We would like to know about the range of mental health services provided by this organisation. Please list all sites which provide specialist mental health services for adults provided by this organisation, (for example all psychiatric services, psychology and counselling services

	Name of service	Name of site	Nature of service A = Assessment B = Treatment C = Ongoing management	Is this service specifically for young adults?
a.			☐ A ☐ B ☐ C	☐ Yes ☐ No
b.			☐ A ☐ B ☐ C	☐ Yes ☐ No
c.			☐ A ☐ B ☐ C	☐ Yes ☐ No
d.			☐ A ☐ B ☐ C	☐ Yes ☐ No
e.			☐ A ☐ B ☐ C	☐ Yes ☐ No
f.			☐ A ☐ B ☐ C	☐ Yes ☐ No
g.			☐ A ☐ B ☐ C	☐ Yes ☐ No
h.			☐ A ☐ B ☐ C	☐ Yes ☐ No
i.			☐ A ☐ B ☐ C	☐ Yes ☐ No
j.			☐ A ☐ B ☐ C	☐ Yes ☐ No

1. Continued.

	Name of service	Name of site	Nature of service A = Assessment B = Treatment C = Ongoing management	Is this service specifically for young adults?
k.			☐ A ☐ B ☐ C	☐ Yes ☐ No
l.			☐ A ☐ B ☐ C	☐ Yes ☐ No
m.			☐ A ☐ B ☐ C	☐ Yes ☐ No
n.			☐ A ☐ B ☐ C	☐ Yes ☐ No
o.			☐ A ☐ B ☐ C	☐ Yes ☐ No
p.			☐ A ☐ B ☐ C	☐ Yes ☐ No
q.			☐ A ☐ B ☐ C	☐ Yes ☐ No
r.			☐ A ☐ B ☐ C	☐ Yes ☐ No

If this Trust/Health Board offers more than 18 services, please send details of these separately, using your Trust/Health Board name as the email header, to ypmh@ncepod.org.uk

B. PATHWAYS OF CARE

ROUTINE REFERRALS

2. In general, how are service users ROUTINELY REFERRED to adult mental health services?

☐ To individual service   ☐ Common point of entry

☐ Other (Please give details) [   ]

3a. Is a record kept of the following:

The number of routine referrals to adult mental health services   ☐ Yes ☐ No

The number of emergency mental health referrals   ☐ Yes ☐ No

The number of mental health referrals via. the Emergency Department   ☐ Yes ☐ No

The number of accepted referrals to adult mental health services   ☐ Yes ☐ No

The number of accepted referrals to adult mental health services from young peoples mental health services   ☐ Yes ☐ No

The number of service users not accepted for treatment to adult mental health services from young people's mental health services   ☐ Yes ☐ No

3a. Continued.

The number of service users who Do Not Attend (DNA) ☐ Yes ☐ No

The number of service users who are not accepted for treatment ☐ Yes ☐ No

3b. Is there a written policy for service users who do not attend? ☐ Yes ☐ No

3c. If YES to 3b, in general, how are those service users who do not attend followed up? (Answers may be multiple)

☐ No formal mechanism for follow up ☐ GP or other community referrer informed

☐ Follow up certain age groups (e.g. those aged 16-18 years) ☐ Followed up with repeat appointment

☐ Other (Please give details) [   ]

4a. Are there specific pathways of care available for the following conditions in this organisation?

Self harm ☐ Yes ☐ No   Eating disorders ☐ Yes ☐ No

Anxiety ☐ Yes ☐ No   Depression ☐ Yes ☐ No

4b. If YES to 4a, are there systems in place to review/audit variation in adherence/ application of these pathways? ☐ Yes ☐ No

4c. If YES to 4a, are there systems in place to review/audit variation in outcome from these pathways? ☐ Yes ☐ No

4d. If YES to 4c, do these systems review patient related experience and outcome measures? ☐ Yes ☐ No

5. Is there leadership and nominated responsibility for the development and/or oversight of care pathways/bundles for the following conditions for young people in this organisation?

Self harm ☐ Yes ☐ No   Eating disorders ☐ Yes ☐ No

Anxiety ☐ Yes ☐ No   Depression ☐ Yes ☐ No

CRISIS AND EMERGENCY PATHWAYS

6. Does this organisation provide services for emergency referrals for mental health conditions in adults? ☐ Yes ☐ No

If NO, please go to question 15

If YES:

Within working hours (Monday – Friday, 08:00 – 17:59)

7. Generally, how are EMERGENCY REFERRALS to adult mental health services made within working hours e.g. from an Emergency Department?

☐ To individual service ☐ Day time on call rota

☐ Common Point Entry (centralised triage system)

☐ Crisis Resolution & Home Treatment Service

☐ Other (Please give details) [   ]

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8a. Where are emergency referrals for adult mental health services seen and assessed? (Answers may be multiple)

☐ General hospital   ☐ Young people's mental health (CAMHs) base

☐ Section 136 suite or equivalent   ☐ Community site

☐ Other (Please give details) _____

8b. If seen and assessed WITHIN THE GENERAL HOSPITAL, is this within the: (Answers may be multiple)

☐ Emergency Department   ☐ Assessment unit   ☐ Paediatric ward area

☐ Other (Please give details) _____

8c. In the GENERAL HOSPITAL SETTING, are these services provided by: (Answers may be multiple)

☐ Hospital based mental health liaison (adults)   ☐ Community mental health teams   ☐ Crisis resolution team

☐ Other (Please give details) _____

9a. Are there emergency mental health pathways specifically for adults in crisis?   ☐ Yes   ☐ No

9b. If YES, are these pathways:

☐ Specified Emergency Care pathway/bundle for (all) acute mental health referrals in adults

☐ Specified Emergency Care pathway/bundle only for certain conditions e.g. Self Harm, Eating disorders

10a. Following crisis or emergency referral, are there any standards set for assessment from time of referral?   ☐ Yes   ☐ No

10b. If YES, is this:

☐ Within 4 hours of referral   ☐ Other (Please give details) _____

Out of working hours (Monday – Friday, 18:00 – 07:59, and weekends)

11. Generally, how are EMERGENCY REFERRALS to adult mental health services made OUTSIDE working hours e.g. from emergency departments?

☐ To individual service   ☐ Day time on call rota

☐ Common Point Entry (centralised triage system)   ☐ Crisis Resolution & Home Treatment Service

☐ Other (Please give details) _____

12a. Where are emergency referrals for adult mental health seen and assessed? (Answers may be multiple)

☐ General hospital   ☐ Designated place of safety (i.e. Section 136 (or equivalent) suite)   ☐ Community site

☐ Other (Please give details) _____

12b. If seen and assessed WITHIN THE GENERAL HOSPITAL, is this within the: (Answers may be multiple)

☐ Emergency Department ☐ Assessment unit ☐ Ward area

☐ Other (Please give details) [_____]

12c. In the GENERAL HOSPITAL SETTING, are these services provided by: (Answers may be multiple)

☐ Dedicated on call Liaison (adult) ☐ Crisis Resolution Team

☐ Community mental health teams (Mental Health "inreach")

☐ Other (Please give details) [_____]

13a. Are there out of hours emergency mental health pathways specifically for young adults in crisis? ☐ Yes ☐ No

13b. If YES, are these out of hours emergency pathways:

☐ Specified Emergency Care pathway/bundle for (all) acute mental health referrals in young adults

☐ Specified Emergency Care pathway/bundle only for certain conditions e.g. Self Harm, Eating disorders

14a. Following Out of Hours crisis or emergency referral, are there any standards set for assessment from time of referral? ☐ Yes ☐ No

14b. If YES, is this:

☐ Within 4 hours of referral ☐ Other (Please give details) [_____]

SELF REFERRAL PATHWAY

15a. Is there provision for self referral? (e.g. open access drop in centre, common point entry, staffed telephone helpline) ☐ Yes ☐ No

15b. If YES to 15a, is this service available as:

☐ A five days a week service (Mon – Fri) ☐ A seven days a week service

☐ Other (Please give details) [_____]

15c. If YES to 15a, does this include an out of hours service? ☐ Yes ☐ No

16. On average, what distances do young adults need to travel for tier 4 within this organisation? (Please state furthest distance [___] Miles

17a. Is there a private/secure area in Emergency Departments &/or Assessment Units or equivalent which allows confidential psychiatric assessment? ☐ Yes ☐ No

17b. If YES, are these facilities fully compliant with RCPsych standards? (in terms of access, security and monitoring)? (Quality Standards for Liaison Psychiatry Services, RPsych, 2014) ☐ Yes ☐ No ☐ Unknown

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C. SERVICES FOR THE LONGER TERM CARE AND TREATMENT OF PATIENTS WITH A MENTAL HEALTH DISORDER (TIER 4)

18. Does this organisation provide specialist inpatient (Tier 4) services specifically for young people with mental health conditions? ☐ Yes ☐ No

If NO, please go to question 25

IF YES:

19. If YES (this organisation provide specialist inpatient (Tier 4) services specifically for young adults with mental health conditions), please list the inpatient services provided (for example eating disorders services, psychiatric intensive care, forensic inpatient provision, early onset psychosis unit, perinatal mother/baby units etc). Please also provide details on who commissions these services.

	Name of service	Commissioned by whom?
i.		
ii.		
iii.		
iv.		
v.		

20a. Is single room accommodation always available for young adults in the 16-25 age group with mental health conditions at this organisation? ☐ Yes ☐ No

20b. Is single room INPATIENT accommodation always available for young adults in the 16-25 age group with mental health conditions at this organisation? ☐ Yes ☐ No

21. Is there clear separation of accommodation between genders for:

Sleeping areas ☐ Yes ☐ No

Washing and toilet areas ☐ Yes ☐ No

Quiet living areas ☐ Yes ☐ No

22a. When a young adult with a severe mental health condition is unavoidably placed in a non-specialist setting is there a process of support, rapid liaison and shared decision making with colleagues in specialist mental health services? ☐ Yes ☐ No

22b. Generally, when this event occurs in this organisation, is there appropriate advice and oversight from a named mental health (CAMHs) clinician? ☐ Yes ☐ No

22c. Is mental health nursing routinely provided to support care? ☐ Yes ☐ No

22d. If YES to 22c, is this provided 24 hours a day, 7 days a week? ☐ Yes ☐ No

22e. If these events occur does it trigger incident analysis (e.g. SUI investigation, root cause analysis etc)? ☐ Yes ☐ No

22f. If YES to 22e, how often is this data reviewed?

☐ Monthly ☐ Three monthly ☐ Six monthly

☐ Other (Please give details) [   ]

22g. If these events trigger incident analysis, what action is taken? (Please tick all that apply)

☐ Local review of local cases ☐ Implementation of change ☐ Policy review

☐ Service improvement ☐ Meeting with commissioners ☐ Clinical audit

23a. As an alternative to inpatient care are intensive community based treatment services readily available for this organisation to refer to? (Please select the most appropriate answer)

☐ Yes (all diagnoses) ☐ Yes (dependent on diagnosis) ☐ No

23b. Does intensive community support cover children (as defined by this organisation)? ☐ Yes ☐ No

24. How does this organisation review and provide for the physical health needs of service users receiving inpatient young people's mental health services in either specialist or non-specialist provision?

Established and regular unit input from:

☐ Consultant physician ☐ General Practitioner

☐ Community General Nurse/Health Visitor/Midwife ☐ Dentistry

☐ Other (Please give details) [   ]

D. NETWORKS OF CARE

Networks of care are common in acute settings, however not as well recognised in mental health services. When answering these questions, please think about your service in relation to the definition of networks of care on page 2

25. Is this organisation a member within a network of care (informal or formal) for adults with mental health conditions? ☐ Yes ☐ No

If NO, please go to question 31

IF YES:

26. Are there arrangements in place for joint working between teams within the acute and mental health sectors? ☐ Yes ☐ No

27a. Would you regard this as a formal or informal arrangement? ☐ Formal ☐ Informal

27b. If FORMALISED, is there a nominated clinical lead for the network? ☐ Yes ☐ No

28. Is there a representative network forum which facilitates communication and joint working between network providers? ☐ Yes ☐ No

29. Does the network have regular communication in the following groups?

Name of service	Forum representation	Formal communication	Informal communication
Commissioners	☐	☐	☐
Acute Health	☐	☐	☐
Young People's Mental Health	☐	☐	☐
Adult Mental Health	☐	☐	☐
Social care	☐	☐	☐
Education	☐	☐	☐
3rd Sector	☐	☐	☐
Independent mental health providers	☐	☐	☐
Learning disability services	☐	☐	☐

30a. Does the network provide/produce a record of routinely collected data including outcome measures? ☐ Yes ☐ No

30b If Yes, what data is collected? (Answers may be multiple)

☐ National datasets e.g. RCPsych, Health & Social Care Information Centre (HSCIC), NHS Scotland Standards

☐ NHS Benchmarking   ☐ Patient Reported Outcome Measures

☐ Number of people accessing specialist young people's mental health services (CAMHs)?

☐ Other (Please give details) [_____]

30c. Does the network share routinely collected data including outcome measures? ☐ Yes ☐ No

30d If YES, with whom is data shared? (Answers may be multiple)

☐ With organisation requesting data e.g. HSCIC   ☐ Network organisations

☐ Commissioners and/or NHS Boards   ☐ In public domain

☐ Other (Please give details) [_____]

F. TRANSITION

(This refers to the process of moving from children's to adult services - Please see definitions)

31a. Does this organisation have clear policies in place to ensure continuity of patient care, including close handover between professionals, and familiarisation with case histories, at all interfaces and points of transitions of care ☐ Yes ☐ No

31b. Does the recognised transition framework or policy specify the following elements:

A designated a specific care coordinator at transition? ☐ Yes ☐ No

Clear written information including that of a key/lead contact within a particular agency? ☐ Yes ☐ No

Clear information about emergency and out of hours access to advice if needed after transition? ☐ Yes ☐ No

Regular and consistent age appropriate support at transition? ☐ Yes ☐ No

31c. Are there any specific variations in policies for the transition of patients with:

Self harm ☐ Yes ☐ No   Eating disorders ☐ Yes ☐ No

Anxiety ☐ Yes ☐ No   Depression ☐ Yes ☐ No

31d. Does this organisation monitor how well your transition policy works? ☐ Yes ☐ No

32a. Is there a policy regarding the planning of transition for young people's care between mental health services for young people and those for adults? ☐ Yes ☐ No

32b. If YES, does this cover what will occur if the young person does not meet acceptance criteria for community (adult) mental health teams? ☐ Yes ☐ No

32c. Is there a designated professional that leads on the planning of transition of care between mental health services for young people and adults? ☐ Yes ☐ No

32d Where not accepted by the adult community mental health teams, what other sources of support/information are in place? (Please select all that apply)

☐ Referral to a Psychological Therapies service (IAPT)   ☐ Voluntary Sector services

☐ General Practitioner   ☐ Primary care services (not IAPT/GP)

☐ Signposting to Independent Providers   ☐ None

33a. Within this organisation is transition to "adult" mental health services for young people based primarily on age? ☐ Yes ☐ No

33b. If YES, at what age does transition generally occur between Young Persons Mental Health services and Adult Mental Health (AMH) services? ☐☐☐ Years

33c. Is there some flexibility in terms of age at which transition occurs? (E.g. are there circumstances or particular mental health descriptors or diagnoses in which the age for transition differs?) ☐ Yes ☐ No

34. Are there clear and funded organisation or network structures which recognise the additional needs of the following at risk groups at transition:

Looked after young adults ☐ Yes ☐ No

Young adults with autism ☐ Yes ☐ No

Young adults with ADHD ☐ Yes ☐ No

Young adults with learning disability ☐ Yes ☐ No

Young adults with emerging personality disorders ☐ Yes ☐ No

Young adults with psychosis ☐ Yes ☐ No

Young adults with eating disorders ☐ Yes ☐ No

Young adults in the justice system ☐ Yes ☐ No

G. INVOLVEMENT OF YOUNG PEOPLE AND PARENTS AND PATIENT/PARENT/CARER INVOLVEMENT

35a. Does this organisation conduct an annual survey of service users with mental health conditions about the care they have received? ☐ Yes ☐ No

35b. If YES, is the information received from young adults specifically reviewed and used in service planning? ☐ Yes ☐ No

36. Does this organisation participate in any ongoing initiatives designed to assess progress in achieving a strategy which provides improvements in young adult patient participation? ☐ Yes ☐ No

37. Within this organisation are service users routinely given the choice as to whether to include a peer mentor, youth worker or family member at assessments? ☐ Yes ☐ No

38. Does this organisation have a policy of routinely involving service users in goal setting and session by session monitoring of their progress? ☐ Yes ☐ No

39a. Within this organisation are service users given the choice as to how therapeutic sessions are delivered (e.g. face to face, internet, telephone, group sessions?) ☐ Yes ☐ No

39b. Are all service users routinely informed about how they can make a complaint about their care? ☐ Yes ☐ No

40. Are service users routinely informed about their right to a second opinion if they are not satisfied with services? ☐ Yes ☐ No

41a. Does this organisation involve young adults in the recruitment and selection of staff? ☐ Yes ☐ No

41b. If YES how are they involved? (Answers may be multiple)

☐ Involvement in content of job description   ☐ Part of interview process

☐ Use of young adult as referee   ☐ Other (Please give details below)

_____

42a. Does this organisation have an active and representative service user group? ☐ Yes ☐ No

42b. If YES, is the group routinely consulted about :

Service design	☐ Yes ☐ No		Service change	☐ Yes ☐ No	
Key appointments	☐ Yes ☐ No		Recruitment	☐ Yes ☐ No	
Staff training	☐ Yes ☐ No				

42c. Is there a young adult lead or champion within this organisation? ☐ Yes ☐ No

43. Within this organisation, how are service users able to find out about local mental health services? (Please tick all that apply)

☐ Website   ☐ Facebook page

☐ University councillors   ☐ Written information/posters in key locations

☐ Drop in centres   ☐ Helpline

☐ Embedded in curriculum and information for new students at School/College/University

☐ Other (Please give details) [   ]

44. Within this organisation, is the communication strategy informed by the input and views of service users? ☐ Yes ☐ No

45. Is information for service users and parents/carers routinely produced and made readily available in different languages? ☐ Yes ☐ No

SECTION B

TO BE COMPLETED BY:
NHS Acute Trust/Hospital/Health Board which DOES NOT provide on site mental health services and includes the care of young people (There are no onsite mental health professionals, but medical care is provided)

A. ACCESS TO SERVICES

1. Is there a named dedicated lead for mental health services in this organisation? ☐ Yes ☐ No

2. Are there specific pathways of care available for the following conditions in service users presenting to this organisation?

Self harm	☐ Yes	☐ No	Eating disorders	☐ Yes	☐ No
Anxiety	☐ Yes	☐ No	Depression	☐ Yes	☐ No

3. Are acute health sector providers included in the development of these care pathways? ☐ Yes ☐ No

4. Is there leadership and nominated responsibility for the development and/or oversight of care pathways/bundles for the following conditions for service users presenting in this organisation?

Self harm	☐ Yes	☐ No	Eating disorders	☐ Yes	☐ No
Anxiety	☐ Yes	☐ No	Depression	☐ Yes	☐ No

5. Within this organisation how do young adults with existing chronic or severe PHYSICAL illness (e.g. diabetes, cystic fibrosis) access mental health/wellbeing support? (Please select all that apply)

   ☐ No specific additional/enhanced provision　　☐ Specific Mental Health Liaison services

   ☐ Mental health support delivered alongside physical health provision as a routine (e.g. psychology services)

   ☐ Accelerated/specific care pathway/bundle to mental health services (CAMHs)

   ☐ Other (Please give details) [_____]

CRISIS AND EMERGENCY PATHWAYS

6. By what route are emergency referrals prioritised and referred to mental health services for young adults by this organisation? (Answers may be multiple)

   ☐ Specified Emergency Care pathway/bundle for all acute mental health referrals in young people

   ☐ Specified Emergency Care pathway/bundle only for certain conditions e.g. Self Harm, Eating disorders

   ☐ Dedicated on call liaison　　☐ Psychiatry team

   ☐ Provision for self referral (e.g. open access drop in centre, manned telephone helpline)

7a. Is there an on call team for emergency mental health referrals? ☐ Yes ☐ No

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7b. If YES to 7a, does it provide:

☐ A five days a week service (Mon – Fri)　　☐ A seven days a week service

☐ Other (Please give details) _____

7c. If YES to 7a, does this include an out of hours service?　　☐ Yes　☐ No

8a. Is there a single point of contact to a multidisciplinary crisis team?　　☐ Yes　☐ No

8b. If YES, is this point of contact accessible 7 days a week?　　☐ Yes　☐ No

8c. If YES to 8a, what is the average wait time during working hours (08.00-17.59)?

☐ < 1 hour　　☐ 1-3 hours　　☐ 3-6 hours　　☐ Other

8d. If YES to 8a, what is the average wait time out of hours (18.00-07.59)?

☐ < 1 hour　　☐ 1-3 hours　　☐ 3-6 hours　　☐ Other　　☐ NA

9. On average, what distances do young people admitted to this organisation need to travel for tier 4 (or equivalent) services? (Please state furthest distance)　☐☐☐ Miles

10. Is there a private/secure area in Emergency Departments &/or assessment unit or equivalent which allows confidential psychiatric assessment?　　☐ Yes　☐ No

B. CONTINUITY OF CARE

11. If a service user is receiving mental health care/has a mental health plan in place, what structures are in place to ensure joined up working/service integration for the individual patient with general health providers? (Answers may be multiple)

☐ Nominated lead for patient care (care coordinator)　　☐ Jointly agreed guidance

☐ Joint professional meetings including review of complex cases　　☐ Shared communication

☐ Jointly agreed care pathways/bundles　　☐ Regular "gap" analysis

☐ Other (Please give details) _____

12a. When a young adult with a severe mental health condition is unavoidably placed in a non-specialist setting is there a process of support, rapid liaison and shared decision making with colleagues in tier 4 services?　　☐ Yes　☐ No

12b. Generally, when this event occurs in this organisation, is there appropriate advice and oversight from a named mental health clinician?　　☐ Yes　☐ No

12c. Is mental health nursing routinely provided to support care?　☐ Yes　☐ No　☐ Unknown

12d. If YES to 12c, is this provided 24 hours a day, 7 days a week?　　☐ Yes　☐ No

12e. If these events occur does it trigger incident analysis?　☐ Yes　☐ No　☐ Unknown

12f. Is data on this occurrence routinely collected and reviewed by this organisation?　　☐ Yes　☐ No

13. In case of acute medical emergencies when a young adult is undergoing inpatient mental health care, does this organisation have a recognised process to accept rapid direct referral to inpatient care?　　☐ Yes　☐ No

C. NETWORKS OF CARE

14. Is this organisation a member of a Network of Care (informal or formal) for adults with mental health conditions? ☐ Yes ☐ No

If NO, please go to question 19

IF YES:

15. Are there arrangements in place for joint working between teams within the mental health and acute sectors? ☐ Yes ☐ No

16a. Would you regard this as a formal or informal arrangement? ☐ Formal ☐ Informal

16b. If FORMALISED, is there a nominated clinical lead for the network? ☐ Yes ☐ No

17. Is there a representative network forum which facilitates communication and joint working between network providers? ☐ Yes ☐ No

18. Does the network share routinely collected (mental health) data including outcome measures with your organisation? ☐ Yes ☐ No

D. TRANSITION

(This refers to the process of moving from children's to adult services - Please see definitions)

19a. When caring for young adults with both physical and mental health needs is there a recognised framework for handover between young people's mental health teams and adult community mental health teams at transition? ☐ Yes ☐ No ☐ Unknown

19b If NO, what is the provision for continuity of care for those young people NOT accepted by adult services? (Please tick all that apply)

☐ Referral to a Psychological Therapies service (IAPT)   ☐ Voluntary Sector services

☐ General Practitioner   ☐ Primary care services (not IAPT/GP)

☐ Signposting to Independent Providers   ☐ None

20. Are there clear and funded organisation or network structures which recognise the additional mental health/wellbeing needs of the following at risk groups at transition:

Looked after young adults ☐ Yes ☐ No

Young adults with autism ☐ Yes ☐ No

Young adults with ADHD ☐ Yes ☐ No

Young adults with learning disability ☐ Yes ☐ No

Young adults with emerging personality disorders ☐ Yes ☐ No

Young adults with psychosis ☐ Yes ☐ No

Young adults with eating disorders ☐ Yes ☐ No

Young adults in the justice system ☐ Yes ☐ No

E. INVOLVEMENT OF SERVICE USERS AND INFORMATION FOR YOUNG ADULTS

21a. Is information provided by your organisation about mental health services for young adults in your area

☐ Yes ☐ No

21b. If YES, is it clear within this how mental health services for young adults are integrated with general health services?

☐ Yes ☐ No

22. Within this organisation, is the communication strategy informed by the input and views of young people?

☐ Yes ☐ No

23. Are links provided to other recognised high quality national resources for information? e.g. Young Minds

☐ Yes ☐ No

Continues overleaf

SECTION C

TO BE COMPLETED BY:
- Mental Health Trust/Hospital/Health Board
- Community Trust/Hospital/Health Board that provides mental health services
- Combined Mental Health and Community Trust/Hospital/Health Board
- NHS Acute Trust/Hospital/Health Board which PROVIDES MENTAL HEALTH SERVICES ON SITE and includes the care of young adults
- NHS Acute Trust/Hospital/Health Board which DOES NOT PROVIDE ON SITE MENTAL HEALTH SERVICES and includes the care of young adults (There are no onsite mental health professionals, but medical care is provided)
- Independent provider of mental health services
- Voluntary or charitable sector providing mental health services
- Other Trust/Organisation/Heath Board providing mental health services to young adults

A. GUIDELINES, POLICIES AND PROCEDURES (INCLUDING CONSENT)

1a. Are there agreed policies within the organisation upon initial assessment, referral and management of common mental health conditions in young adults? ☐ Yes ☐ No

1b. If YES, are these closely aligned with national guidance e.g. NICE, SIGN? ☐ Yes ☐ No

2a. Does this organisation have access to guidance or a care pathway/bundle for the management of young adults with SEVERE DEPRESSION? ☐ Yes ☐ No

2b. If YES to 2a, does this contain clear referral criteria to local providers of mental health services for young adults? ☐ Yes ☐ No

2c. If YES to 2a, does this guideline contain contact information for local adult mental health providers including emergency contacts? ☐ Yes ☐ No

2d. If YES to 2a, is there collaboration/joint working on provision and review of these guidelines with other agencies including primary care, social care and adult medical teams? ☐ Yes ☐ No

3a. Does this organisation have access to guidance or a care pathway/bundle for the management of young adults with SELF HARM? ☐ Yes ☐ No

3b. If YES to 3a, does this provide clear referral criteria to local providers of mental health services for young adults? ☐ Yes ☐ No

3c. If YES to 3a, does this guideline contain contact information to local providers of mental health services for young adults including emergency contacts? ☐ Yes ☐ No

3d. If YES to 3a, is there collaboration/joint working on provision and review of these guidelines with other agencies including primary care, social care and adult medical teams? ☐ Yes ☐ No

4a. Does this organisation have access to guidance or a care pathway/bundle for the management of young adults with EATING DISORDERS? ☐ Yes ☐ No

4b. If YES to 4a, does this provide clear referral criteria to local providers of mental health services for young adults? ☐ Yes ☐ No

4c. If YES to 4a, does this guideline contain contact information to local providers of mental health services for young adults including emergency contacts? ☐ Yes ☐ No

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4d. If YES to 4a. is there collaboration/joint working on provision and review of these guidelines with other agencies including primary care, social care and adult medical teams? ☐ Yes ☐ No

5. Are emergency management algorithms for mental health available within this organisation? (e.g. acute psychosis) ☐ Yes ☐ No

6. Does this organisation have a policy and proforma for use in the assessment of mental capacity? ☐ Yes ☐ No

7. Does this organisation have a policy for assessing the need for and implementing 1:1 support and supervision for service users with acute mental health needs admitted to the general hospital setting? ☐ Yes ☐ No

8. Does this organisation have a policy for communication of patient specific information to other provider organisations? ☐ Yes ☐ No

9. Does this organisation have a policy for communication of information to parents and carers? ☐ Yes ☐ No

B. SAFEGUARDING/CHILD PROTECTION AND SOCIAL CARE

10. Are services aligned/closely linked with local adult safeguarding services? ☐ Yes ☐ No ☐ NA

11. Do mental health and safeguarding/child protection services work together to provide:

Joint/agreed guidance on the care of high risk groups ☐ Yes ☐ No

Joint/agreed policy on reporting safeguarding/child protection concerns and sharing information between agencies ☐ Yes ☐ No

12. Does this organisation have a lead clinician with special responsibility for liaison with adult safeguarding team(s) about young adults with mental health conditions? ☐ Yes ☐ No

13. In this organisation is there specific training for all involved in the health and care of young adults with mental health conditions regarding their specific needs/vulnerabilities? ☐ Yes ☐ No

C. AUDIT/QUALITY IMPROVEMENT

14a. Does the care of adults with mental health disorders feature in regular multidisciplinary audit and/or quality improvement initiatives in this organisation? ☐ Yes ☐ No

14b. If YES, are the results of organisational and clinical audits, and data collection for quality improvement subject to peer review? (National or local) ☐ Yes ☐ No

14c. If YES to 14a, have these resulted in any changes in practice/service delivery within the last year? ☐ Yes ☐ No

15. Do practitioners in this organisation routinely conduct joint confidential multidisciplinary review of cases which examine the care of young adults with mental health conditions?

☐ Yes   ☐ No   ☐ Only if a problem cases arises (e.g. as part of serious incident review)

16. If this organisation is a young person's mental health service (CAMHs) provider, does it participate in regional or national Quality Improvement initiatives e.g. RCPsych, NHS Benchmarking, Quality Improvement Scotland Standards? ☐ Yes ☐ No ☐ NA

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE

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