

CONFIDENTIAL

Name of Trust/Health Board/Organisation

* Trust/Health Board/Organisation ID (this is a 6-digit number that can be found on the email that contained the link to this questionnaire)

Who completed this questionnaire?

Name

Position

What is this study about?

The RCPCH report, "Overview of child deaths in the four UK countries", 2013, highlighted there has been no decline in death due to intentional injury across the UK in 10-18 year olds since 1980. Based on this, NCEPOD have been commissioned to explore the quality of the care of young people, aged 11-25, with mental health conditions across the UK. The study will focus in particular on depression, anxiety, eating disorder and self harm, as these are the four areas that have been identified as the most prevalent (depression, anxiety and self harm), and complex (eating disorders) mental health conditions within the adolescent population that are consistently defined.

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 to adult services

Who should complete this questionnaire?

Mental Health Trust/Hospital/Board: Clinical Directors and Lead Nurses in Children's and/or Adolescent Services

Acute Trust/Hospital/Board: Clinical Directors and Lead Nurses in Children's and/or Adolescent Services

***We will use the term "YOUNG PEOPLE" within this questionnaire to denote children and young people from the age of 11 to 16-18 years recognising that the point of transition to adult services is variable between and within organisations.**

Questions or help

If you have any queries about the study or this questionnaire, please contact ypmh@ncepod.org.uk or telephone 0207 251 9060.

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

DEFINITIONS

Networks 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 conditions, contribute towards mental health promotion, identify conditions 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 conditions, 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

"A purposeful and planned process that addresses the medical psychosocial and educational/vocational needs of adolescents and young adults with chronic physical and mental conditions as they move from child centred to adult orientated health systems" (DH (2006) Transition – getting it right for young people)

"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)

THE SITE/FACILITY/ORGANISATION

Please complete this questionnaire in relation to the care provided to children and adolescents as defined by this organisation.

For the remainder of this questionnaire children and adolescents (as defined by your organisation) will be referred to as young people.

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

1a. Does this organisation provide care for children?

☐ Yes

☐ No

1b. If YES, up to what age does this organisation provide care for children?
(What does your organisation define as a child?)

Years

1c. If YES, is there a lead clinician or team for the care of children admitted as the result of a mental health condition?

☐ Yes

☐ No

2a. Between what ages does this organisation define as an "adolescent"?

Years

2b. Does this organisation provide care for adolescents?

☐ Yes

☐ No

2c. If YES to 2b, in general, does the care of adolescents fall under the care of a:

☐ Paediatric pathway

☐ Adult pathway

☐ Specific adolescent pathway

2c. Does this organisation have a specific adolescent ward?

☐ Yes

☐ No

2d. Is there a lead clinician or team for adolescent care?

☐ Yes

☐ No

2e. Is there a lead clinician or team for the care of adolescents admitted as a result of a mental health condition?

☐ Yes

☐ No

2f. If YES to 2e, is this the same lead clinician or team for children who are admitted as a result of a mental health condition?

☐ Yes

☐ No

☐ NA - no lead clinician or team for children who are admitted as a result of a mental health condition

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

Years

4. Is there an agreed written transition pathway?

☐ Yes

☐ No

* 5. 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 people aged 11-25 years (**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 people aged 11-25 years (There are no onsite 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 people aged 11-25 years (**Please complete sections A & C**)

SECTION A

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 people

Independent provider of mental health services

Voluntary or Charitable Sector providing mental health services

Other Trust/Organisation/Health Board providing mental health services to young people

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 young people with mental health conditions provided by this organisation, (for example all Child and Adolescent Mental Health Services (CAMHs) services, psychiatric services, psychology/counselling services)

a)

Name of service

Name of site

Nature of service (A =
Assessment, B =
Treatment, C = Ongoing
management)

Is this service specifically
for young children?
(Yes/No)

b)

Name of service

Name of site

Nature of service (A =
Assessment, B =
Treatment, C = Ongoing
management)

Is this service specifically
for young children?
(Yes/No)

c)

Name of service

Name of site

Nature of service (A =
Assessment, B =
Treatment, C = Ongoing
management)

Is this service specifically
for young children?
(Yes/No)

d)

Name of service

Name of site

Nature of service (A =
Assessment, B =
Treatment, C = Ongoing
management)

Is this service specifically
for young children?
(Yes/No)

e)

Name of service

Name of site

Nature of service (A =
Assessment, B =
Treatment, C = Ongoing
management)

Is this service specifically
for young children?
(Yes/No)

f)

Name of service

Name of site

Nature of service (A =
Assessment, B =
Treatment, C = Ongoing
management)

Is this service specifically
for young children?
(Yes/No)

g)

Name of service

Name of site

Nature of service (A =
Assessment, B =
Treatment, C = Ongoing
management)

Is this service specifically
for young children?
(Yes/No)

h)

Name of service

Name of site

Nature of service (A =
Assessment, B =
Treatment, C = Ongoing
management)

Is this service specifically
for young children?
(Yes/No)

i)

Name of service

Name of site

Nature of service (A =
Assessment, B =
Treatment, C = Ongoing
management)

Is this service specifically
for young children?
(Yes/No)

j)

Name of service

Name of site

Nature of service (A =
Assessment, B =
Treatment, C = Ongoing
management)

Is this service specifically
for young children?
(Yes/No)

k)

Name of service

Name of site

Nature of service (A =
Assessment, B =
Treatment, C = Ongoing
management)

Is this service specifically
for young children?
(Yes/No)

l)

Name of service

Name of site

Nature of service (A =
Assessment, B =
Treatment, C = Ongoing
management)

Is this service specifically
for young children?
(Yes/No)

m)

Name of service

Name of site

Nature of service (A =
Assessment, B =
Treatment, C = Ongoing
management)

Is this service specifically
for young children?
(Yes/No)

n)

Name of service

Name of site

Nature of service (A =
Assessment, B =
Treatment, C = Ongoing
management)

Is this service specifically
for young children?
(Yes/No)

o)

Name of service

Name of site

Nature of service (A =
Assessment, B =
Treatment, C = Ongoing
management)

Is this service specifically
for young children?
(Yes/No)

p)

Name of service

Name of site

Nature of service (A =
Assessment, B =
Treatment, C = Ongoing
management)

Is this service specifically
for young children?
(Yes/No)

q)

Name of service

Name of site

Nature of service (A =
Assessment, B =
Treatment, C = Ongoing
management)

Is this service specifically
for young children?
(Yes/No)

r)

Name of service

Name of site

Nature of service (A =
Assessment, B =
Treatment, C = Ongoing
management)

Is this service specifically
for young children?
(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

PATHWAYS OF CARE

ROUTINE REFERRALS

2. In general, how are service users ROUTINELY REFERRED to young people's mental health services (CAMHs)?

☐ To individual service

☐ Common point of entry

☐ Other (please specify)

3a. Is a record kept of the following:

| | Yes | No |
|---|-----------------------|-----------------------|
| The number of routine referrals to young people's mental health services | <input type="radio"/> | <input type="radio"/> |
| The number of emergency referrals to young people's mental health services | <input type="radio"/> | <input type="radio"/> |
| The number of accepted referrals to young people's mental health services | <input type="radio"/> | <input type="radio"/> |
| The number of mental health referrals via. the Emergency Department | <input type="radio"/> | <input type="radio"/> |
| The number of service users who Do Not Attend (DNA) | <input type="radio"/> | <input type="radio"/> |
| The number of service users who are not accepted for treatment | <input type="radio"/> | <input type="radio"/> |
| The number of accepted referrals to adult mental health services from young people's mental health services | <input type="radio"/> | <input type="radio"/> |
| The number of service users not accepted for treatment to adult mental health services from young people's mental health services | <input type="radio"/> | <input type="radio"/> |

3b. Is there a written policy for service users who do not attend?

- ☐ Yes
- ☐ No

3c. In general, how are those service users who do not attend followed up? (Answers may be multiple)

- ☐ No formal mechanism for follow up
- ☐ Follow up certain age groups (e.g. under 16 years)
- ☐ GP or other community referrer informed
- ☐ Followed up with repeat appointment
- ☐ Other (please specify)

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

| | Yes | No |
|------------------|-----------------------|-----------------------|
| Eating disorders | <input type="radio"/> | <input type="radio"/> |
| Self Harm | <input type="radio"/> | <input type="radio"/> |
| Anxiety | <input type="radio"/> | <input type="radio"/> |
| Depression | <input type="radio"/> | <input type="radio"/> |

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, 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?

| | Yes | No |
|------------------|-----------------------|-----------------------|
| Eating disorders | <input type="radio"/> | <input type="radio"/> |
| Self harm | <input type="radio"/> | <input type="radio"/> |
| Anxiety | <input type="radio"/> | <input type="radio"/> |
| Depression | <input type="radio"/> | <input type="radio"/> |

PATHWAYS OF CARE

CRISIS AND EMERGENCY PATHWAYS

6. Does this organisation provide services for emergency referrals for mental health conditions in young people?

☐ Yes

☐ No

If NO, please go to question 16

If YES:

PATHWAYS OF CARE

CRISIS AND EMERGENCY PATHWAYS

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

7. Generally, how are EMERGENCY REFERRALS to young people's mental health services made within working hours? e.g. from the Emergency Department (Answers may be multiple)

- ☐ To Individual Service
- ☐ Day time on call rota
- ☐ Common Point Entry (centralised triage system)
- ☐ Crisis Resolution & Home Treatment Service
- ☐ Other (please specify)

8a. Where are emergency referrals for young people's 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 specify)

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 specify)

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

- ☐ Dedicated on call liaison mental health teams for young people
- ☐ Dedicated on call liaison (mixed young people and adults)
- ☐ Crisis resolution team
- ☐ Community mental health teams
- ☐ Other (please specify)

9a. Are there emergency mental health pathways specifically for young people in crisis?

- ☐ Yes
- ☐ No

9b. If YES, are these pathways:

- ☐ 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

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 specify)

11. Is there a private/secure area in Emergency Departments &/or Assessment Units or equivalent which allows confidential psychiatric assessment?

- ☐ Yes
- ☐ No

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

12. Generally, how are EMERGENCY REFERRALS to young people's mental health services made OUTSIDE working hours?

- ☐ To Individual Service
- ☐ Day time on call rota
- ☐ Common Point Entry (centralised triage system)
- ☐ Crisis Resolution & Home Treatment Service
- ☐ Other (please specify)

13a. Where are emergency referrals for young people's mental health seen and assessed? (Answers may be multiple)

- ☐ General Hospital
- ☐ Young People's Mental Health (CAMHs) base
- ☐ Designated place of safety (i.e. Section 136 (or equivalent) suite)
- ☐ Community site
- ☐ Other (please specify)

13b. If seen and assessed WITHIN THE GENERAL HOSPITAL, is this within in: (Answers may be multiple)

- ☐ Emergency Department
- ☐ Assessment Unit
- ☐ Ward area
- ☐ Other (please specify)

13c. In the GENERAL HOSPITAL SETTING, are these services provided by: (Answers may be multiple)

- ☐ Dedicated on call liaison mental health teams for young people
- ☐ Dedicated on call Liaison (mixed young people and adults)
- ☐ Community mental health teams
- ☐ Other (please specify)

14a. Are there out of hours emergency mental health pathways specifically for young people 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 people

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

15a. Following Out of Hours crisis or emergency referral, are there any standards set for assessment from time of referral?

☐ Yes

☐ No

15b. If YES, is this:

☐ Within 4 hours of referral

☐ Other (please specify)

PATHWAYS OF CARE

SELF REFERRAL PATHWAY

16a. Is there provision for self referral? (e.g. open access drop in centre, common point entry, staffed telephone helpline)

☐ Yes

☐ No

16b. If YES to 16a, is this service available as:

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

☐ A seven days a week service

☐ Other (please specify)

16c. If YES to 16a, does this include an out of hours service?

☐ Yes

☐ No

PATHWAYS OF CARE

17. On average, what distances do young people need to travel for tier 4 within this organisation? (Please state furthest distance)

18a. Is there a private/secure area in Emergency Departments &/or Assessment Units or equivalent which allows confidential psychiatric assessment?

☐ Yes

☐ No

18b. 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

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

19. 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 26

If YES:

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

20. If YES, 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.

i

Service

Commissioned by whom?

ii

Service

Commissioned by whom?

iii

Service

Commissioned by whom?

iv

Service

Commissioned by whom?

v

Service

Commissioned by whom?

21. Is single room accommodation always available for young people in the 11-18 age group with mental health conditions at this organisation?

☐ Yes

☐ No

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

| | Yes | No |
|--------------------------|-----------------------|-----------------------|
| Sleeping areas | <input type="radio"/> | <input type="radio"/> |
| Washing and toilet areas | <input type="radio"/> | <input type="radio"/> |
| Quiet living areas | <input type="radio"/> | <input type="radio"/> |

23a. When a young person under 18 years with a severe mental health condition is unavoidably placed in a non-specialist setting (e.g. a paediatric medical ward or adult mental health ward) is there a process of support, rapid liaison and shared decision making with colleagues in Tier 4 services?

- ☐ Yes
- ☐ No

23b. Generally, when this event occurs in this organisation, is there appropriate advice and oversight from a named young people's mental health (CAMHs) clinician?

- ☐ Yes
- ☐ No

23c. Is young people's mental health (CAMHs) nursing routinely provided to support care?

- ☐ Yes
- ☐ No

23d. If YES to 23c, is this provided 24 hours a day, 7 days a week?

- ☐ Yes
- ☐ No

23e. If these events occur does it trigger incident analysis (e.g. SUI investigation, root cause analysis etc)?

- ☐ Yes
- ☐ No

23f. If YES to 23e, how often is this data reviewed?

- ☐ Monthly
- ☐ Three monthly
- ☐ Six monthly
- ☐ Other (please specify)

23g. If these event trigger incident analysis, what action is taken? (Please tick all that apply)

- ☐ Local review of local cases
- ☐ Clinical audit
- ☐ Policy review
- ☐ Service improvement
- ☐ Meeting with commissioners
- ☐ Implementation of change

24a. As an alternative to inpatient care are intensive community based treatment services readily available for this organisation to refer young people to? (Please select the most appropriate answer)

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

24b. Does intensive community support cover children (as defined by this organisation)?

- ☐ Yes
- ☐ No

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

Established and regular unit input from:

- ☐ Consultant paediatrician or physician
- ☐ General Practitioner
- ☐ Community General Nurse/Health Visitor/Midwife
- ☐ Dentistry
- ☐ Other (please specify)

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

26. Is this organisation a member within a network of care^{def} (informal or formal) for young people with mental health conditions?

☐ Yes

☐ No

If NO, please go to question 33

If YES:

NETWORKS OF CARE

27. Are there arrangements in place for joint working between teams within the acute and mental health sectors?

☐ Yes

☐ No

28a. Would you regard this as a formal or informal^{def} arrangement?

☐ Formal

☐ Informal

28b. If FORMALISED, is there a nominated clinical lead for the network?

☐ Yes

☐ No

29. Is there a representative network forum which facilitates communication and joint working between network providers?

☐ Yes

☐ No

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

| | Forum representation | Formal communication | Informal communication |
|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Commissioners | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Acute Health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Young People's Mental Health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Adult Mental Health | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Social Care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Education | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3rd Sector | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Independent Mental Health providers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Learning Disability services | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

31a. Does the network provide/produce a record of routinely collected data including outcome measures for young people?

☐ Yes

☐ No

31b. 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 young people accessing specialist young people's mental health services (CAMHs)?

☐ Other (please specify)

31c. Does the network share routinely collected data including outcome measures?

☐ Yes

☐ No

31d. 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 specify)

32. 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:

| | Yes | No | Unknown |
|---|-----------------------|-----------------------|-----------------------|
| Looked after young people | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Young people with autism | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Young people with ADHD | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Young people with learning disability | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Young people with emerging personality disorders? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

MENTAL HEALTH TRANSITION

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

33a. 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

33b. Does the recognised transition framework or policy specify the following elements:

| | Yes | No |
|---|-----------------------|-----------------------|
| A designated a specific care coordinator at transition? | <input type="radio"/> | <input type="radio"/> |
| Clear written information including that of a key/lead contact within a particular agency? | <input type="radio"/> | <input type="radio"/> |
| Clear information about emergency and out of hours access to advice if needed after transition? | <input type="radio"/> | <input type="radio"/> |
| Regular and consistent age appropriate support at transition? | <input type="radio"/> | <input type="radio"/> |

33c. Are there any specific variations in policies for the transition of patients with:

| | Yes | No |
|------------------|-----------------------|-----------------------|
| Eating disorders | <input type="radio"/> | <input type="radio"/> |
| Self harm | <input type="radio"/> | <input type="radio"/> |
| Anxiety | <input type="radio"/> | <input type="radio"/> |
| Depression | <input type="radio"/> | <input type="radio"/> |

33d. Does this organisation monitor how well your transition policy works?

☐ Yes

☐ No

34a. 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

34b. 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

34c 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

34d. 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

35a. Within this organisation is transition to "adult" mental health services for young people based primarily on age?

☐ Yes

☐ No

35b. If YES, at what age does transition generally occur between Young Persons Mental Health services and Adult Mental Health (AMH) services?

Years

35c. 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

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

| | Yes | No |
|---|-----------------------|-----------------------|
| Looked after young people | <input type="radio"/> | <input type="radio"/> |
| Young people with autism | <input type="radio"/> | <input type="radio"/> |
| Young people with ADHD | <input type="radio"/> | <input type="radio"/> |
| Young people with learning disability | <input type="radio"/> | <input type="radio"/> |
| Young people with emerging personality disorders? | <input type="radio"/> | <input type="radio"/> |
| Young people with early psychosis | <input type="radio"/> | <input type="radio"/> |
| Young people with eating disorders | <input type="radio"/> | <input type="radio"/> |
| Young people in the justice system | <input type="radio"/> | <input type="radio"/> |

INVOLVEMENT OF YOUNG PEOPLE AND PARENTS/CARERS AND PATIENT/PARENT/CARER INFORMATION

37a. Does this organisation conduct an annual survey of young people with mental health conditions about the care they have received?

☐ Yes

☐ No

37b. If YES, are parents and carers included in this survey?

☐ Yes

☐ No

38a. Does this organisation participate in any ongoing initiatives designed to assess progress in achieving a strategy which provides improvements in young patient participation?

☐ Yes

☐ No

38b. If YES, are the views of young people routinely included in making these overall assessments of progress?

☐ Yes

☐ No

39a. Within this organisation are young people routinely given a choice as to whether or not to include a parent at assessments?

☐ Yes

☐ No

39b. Within this organisation are young people routinely given the choice as to whether to include a peer mentor or youth worker at assessments as an alternative to a parent or close family member?

☐ Yes

☐ No

40. Does this organisation have a policy of routinely involving young people in goal setting and session by session monitoring of their progress?

☐ Yes

☐ No

41a. Within this organisation are young people given the choice as to how therapeutic sessions are delivered (e.g. face to face, internet, telephone, group sessions?)

☐ Yes

☐ No

41b. Are young people routinely informed about how they can make a complaint about their care?

☐ Yes

☐ No

42. Are young people routinely informed about their right to a second opinion if they are not satisfied with services?

☐ Yes

☐ No

43a. Does this organisation involve young people in the recruitment and selection of staff?

☐ Yes

☐ No

43b. If Yes how are they involved? (Answers may be multiple)

☐ Involvement in content of job description

☐ Part of interview process

☐ Use of young person as referee

☐ Other (please specify)

44a. Does this organisation have an active and representative service user group?

☐ Yes

☐ No

44b. If Yes is the group routinely consulted about :

| | Yes | No |
|------------------|-----------------------|-----------------------|
| Service design | <input type="radio"/> | <input type="radio"/> |
| Service change | <input type="radio"/> | <input type="radio"/> |
| Key appointments | <input type="radio"/> | <input type="radio"/> |
| Recruitment | <input type="radio"/> | <input type="radio"/> |
| Staff training | <input type="radio"/> | <input type="radio"/> |

44c. Is there a young person lead or champion within this organisation?

☐ Yes

☐ No

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

☐ Website

☐ Facebook page

☐ School 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 specify)

| |
|--|
| |
|--|

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

☐ Yes

☐ No

47. Is information for young people 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)

ACCESS TO SERVICES AND PATHWAYS OF CARE

1. Is there a named dedicated lead for mental health services in young people in this organisation?

☐ Yes

☐ No

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

| | Yes | No |
|------------------------|-----------------------|-----------------------|
| Eating disorders | <input type="radio"/> | <input type="radio"/> |
| Self harm | <input type="radio"/> | <input type="radio"/> |
| Anxiety and depression | <input type="radio"/> | <input type="radio"/> |

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 young people presenting in this organisation?

| | Yes | No |
|------------------------|-----------------------|-----------------------|
| Eating disorders | <input type="radio"/> | <input type="radio"/> |
| Self harm | <input type="radio"/> | <input type="radio"/> |
| Anxiety and depression | <input type="radio"/> | <input type="radio"/> |

5. Within this organisation how do young people 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
- ☐ Mental health support delivered alongside physical health provision as a routine (e.g. psychology services)
- ☐ Specific Mental Health Liaison services
- ☐ Accelerated/specific care pathway/bundle to young people's mental health services (CAMHs)
- ☐ Other (please specify)

CRISIS AND EMERGENCY PATHWAYS

6. By what route are emergency referrals prioritised and referred to young people's mental health services 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 in young people?

- ☐ Yes
- ☐ No

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

- ☐ A five days a week service (Mon – Fri)
- ☐ A seven days a week service
- ☐ Other (please specify)

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 for young people?

- ☐ 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)

10. Is there a private/secure area in Emergency Departments &/or assessment unit or equivalent which allows confidential psychiatric assessment?

- ☐ Yes
- ☐ No

CONTINUITY OF CARE

11. If a young person 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)
- ☐ Joint professional meetings including review of complex cases
- ☐ Jointly agreed guidance
- ☐ Jointly agreed care pathways/bundles
- ☐ Regular "gap" analysis
- ☐ Shared communication
- ☐ Other (please specify)

CONTINUITY OF CARE

12a. When a young person under 18 years with a severe mental health condition is unavoidably placed in a non-specialist setting (e.g. a paediatric medical ward or adult mental health ward) 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 young person's mental health (CAMHS) clinician?

☐ Yes

☐ No

12c. Is young people's mental health (CAMHS) 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 person is undergoing inpatient mental health care, does this organisation have a recognised process to accept rapid direct referral to inpatient care?

☐ Yes

☐ No

NETWORKS OF CARE

14. Is this organisation a member of a Network of Care^{def} (informal or formal) for young people with mental health conditions?

☐ Yes

☐ No

If NO, please go to question 19

If YES:

NETWORKS OF CARE

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^{def} 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

MENTAL HEALTH TRANSITION

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

19a. When caring for young people 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:

| | Yes | No | Unknown |
|--|-----------------------|-----------------------|-----------------------|
| Looked after young people | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Young people with autism | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Young people with ADHD | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Young people with learning disability | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Young people with emerging personality disorders | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Young people with early psychosis | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Young people with eating disorders | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Young people in the justice system | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

INVOLVEMENT OF YOUNG PEOPLE AND PARENTS/CARERS AND PATIENT/PARENT/CARER INFORMATION

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

☐ Yes

☐ No

21b. If YES, is it clear within this how mental health services for young people 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

SECTION C

TO BE COMPLETED BY ALL ORGANISATIONS:

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 people

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)

Independent provider of mental health services

Voluntary or Charitable Sector providing mental health services

Other Trust/Organisation/Health Board providing mental health services to young people

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 people?

☐ 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 people 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 people?

☐ Yes

☐ No

2c. If YES to 2a, does this guideline contain contact information for local providers of mental health services for young people 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 acute medical paediatric/adult medical teams?

☐ Yes

☐ No

3a. Does this organisation have access to guidance or a care pathway/bundle for the management of young people 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 people?

☐ Yes

☐ No

3c. If YES to 3a, does this guideline contain contact information to local providers of mental health services for young people 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 acute medical paediatric/adult medical teams?

☐ Yes

☐ No

4a. Does this organisation have access to guidance or a care pathway/bundle for the management of young people 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 people?

☐ Yes

☐ No

4c. If YES to 4a, does this guideline contain contact information to local providers of mental health services for young people including emergency contacts?

☐ Yes

☐ No

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 acute medical paediatric/adult medical teams?

☐ Yes

☐ No

5. Are emergency management algorithms for mental health available within this organisation specifically for young people? (e.g. acute psychosis)

☐ Yes

☐ No

6a. Does this organisation have a policy for consent in young people?

☐ Yes

☐ No

6b. Does this organisation have a policy and proforma for use in the assessment of mental capacity in young people?

☐ Yes

☐ No

7. Does this organisation have a policy for assessing the need for and implementing 1:1 support and supervision for young people 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

SAFEGUARDING/CHILD PROTECTION AND SOCIAL CARE

10. Are services aligned/closely linked with local safeguarding young people/child protection services?

- ☐ Yes
- ☐ No
- ☐ NA

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

| | Yes | No |
|--|-----------------------|-----------------------|
| Joint/agreed guidance on the care of high risk groups (e.g. Looked after young people) | <input type="radio"/> | <input type="radio"/> |
| Joint/agreed policy on reporting safeguarding/child protection concerns and sharing information between agencies | <input type="radio"/> | <input type="radio"/> |

12. Does this organisation have a lead clinician with special responsibility for liaison with the young people/child protection team(s) about young people with mental health conditions?

- ☐ Yes
- ☐ No

13. In this organisation is there specific training for all involved in the health and care of young people with mental health conditions regarding their specific needs/vulnerabilities?

- ☐ Yes
- ☐ No

AUDIT/QUALITY IMPROVEMENT

14a. Does the care of young people 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 people 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