

MENTAL HEALTH IN YOUNG PEOPLE

National Confidential Enquiry into Patient Outcome and Death (NCEPOD)

ORGANISATIONAL QUESTIONNAIRE - YOUNG PEOPLE				
CONFID	ENTIAL			
Name of Trust: Who completed this questionnaire? Name: Position:				
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What is this study about?	How to complete the form:			
This study explores the quality of the care of young people with mental health issues across the UK.	Information will be collected using two methods; box cross and free text, where your opinion will be requested.			
Aims: To identify the remediable factors in the quality of care provided to young people treated for mental health disorders.	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.			
To examine the interface between different care settings. To examine the transition of care.	Following crisis or emergency referral, are there any standards set for assessment from time of referral?			
We will use the term "YOUNG PEOPLE" within this				
questionnaire to denote children and young people from the age of 11 to16-18 years recognising that the point of transition to adult services is variable between and within organisations	If you make a mistake, please "black-out" the incorrect box and re-enter the correct information, e.g.			
	Yes X No			
	Unless indicated, please mark only one box per question.			
Who should complete this form?	Questions or help?			
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	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			
and/or Adolescent Services	Or telephone: 020 7251 9060			
To ensure confidentiality of the data, completed	Thank you for taking the time to complete this questionnaire. The findings of the study will be			

ORGANISATIONAL ID

NCEPOD in the SAE provided.



published in late 2017.

(general) and guid Informal network of care tertiacc Clin practage agree	nked 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 lide to promote a shared understanding of the benefits of managed local networks collaboration between health professionals and/or organisations from primary, secondary and/or ritiary care, and other services, aimed to improve services and patient care, but without specified accountability to commissioning organisations'. These include: inical Association: An informal group that corresponds or meets to consider clinical topics, best actice and other areas of interest. Clinical Forum: A group that meets regularly and has an genda that focuses on clinical topics. There is an agreement to share audit and formulate jointly preed clinical protocols. Evelopmental Network: This group is a Clinical Forum that has started to develop a broader focus ther than purely clinical topics, with an emphasis on service improvement. collaboration between health professionals and/or organisations from primary, secondary and/or ritiary care, and other services working together in a coordinated manner with clear accountability
care terti acc Clin prac age agre	rtiary care, and other services, aimed to improve services and patient care, but without specified countability to commissioning organisations'. These include: inical Association: An informal group that corresponds or meets to consider clinical topics, best actice and other areas of interest. Clinical Forum: A group that meets regularly and has an genda that focuses on clinical topics. There is an agreement to share audit and formulate jointly preed clinical protocols. Evelopmental Network: This group is a Clinical Forum that has started to develop a broader focus ther than purely clinical topics, with an emphasis on service improvement. collaboration between health professionals and/or organisations from primary, secondary and/or
othe	
care (Managed terti clinical networks) arra mar	rangements'. This network, which includes the function of a Clinical Forum, has a formal anagement structure with defined governance arrangements and specific objectives linked to a ublished strategy.
	ental health services which provide advice, support and treatment for young people with mental ealth conditions, of any level of severity, for young people between the ages of 11-25.
Adolescent Mental Health services tear eac (You	ervices that are available in every local area to help children and young people who have mental ealth difficulties. These services can help their families too. Mental health specialists work in ams in Child and Adolescent Mental Health services to make sure that ach person gets all the help they need. Foung Minds, 2016. http://www.youngminds.org.uk/for_children_young_people/a_guide_to_ental_health_services/glossary)
who visit Practows specture of the practows specture of the practor of the practo	er 1: Child and Young Person's Mental Health service at this level are provided by practitioners no are not mental health specialists working in universal services; this includes GPs, health sitors, school nurses, teachers, social workers, youth justice workers and voluntary agencies. actitioners will be able to offer general advice and treatment for less severe problems, contribute wards mental health promotion, identify problems early in their development, and refer to more lecialist services. The restrictioners at this level tend to be CAMHS specialists working in community and primary are settings in a uni-disciplinary way (although many will also work as part of Tier 3 services). For ample, this can include primary mental health workers, psychologists and counsellors working in P practices, paediatric clinics, schools and youth services. Practitioners offer consultation to milies and other practitioners, outreach to identify severe or complex needs which require more recialist interventions, assessment (which may lead to treatment at a different tier), and training to actitioners at Tier 1. This is usually a multi-disciplinary team or service working in a community mental health nic or child psychiatry outpatient service, providing a specialised service for children and young exple with more severe, complex and persistent disorders. Team members are likely to include wild and adolescent psychiatristists, social workers, clinical psychologists, community psychiatric trees, child psychotherapists, occupational therapists, art, music and drama therapists. These are essential tertiary level services for children and young people with the most problems, such as day units, highly specialised outpatient teams and in-patient units. These in 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 bring more than one district or region. The security of the provided in the provided i
	lental Health services for Young people provided by voluntary not for profit organisations
trai ser	The process of moving from children's to adult services. It refers to the full process including initial ansfer between services, and support throughout" (NICE Transition from children's to adult's ervices for young people using health or social care services. Draft for consultation, September 015)



A. 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"?	
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 Specific adolescent pathway	Adult 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 condition	mental health
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.	Plea	ase 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 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 people aged 11-25 years
		(Please complete sections A & C)

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

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/Heath Board providing mental health services to young people

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 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)

	Name of service	Name of site	Nature of service A = Assessment B = Treatment C = Ongoing management	Is this service specifically for young children?
a.			□ А □ В □ С	Yes No
b.			ПА ПВ ПС	Yes No
c.			ПА ПВ ПС	Yes No
d.			□ A □ B □ C	Yes No
e.			□ A □ B □ C	Yes No
f.			_ A _ B _ C	Yes No
g.			ПА ПВ ПС	Yes No
h.			□ А □ В □ С	Yes No
i.			□ A □ B □ C	Yes No
j.			□ А □ В □ С	Yes No



1.	Continued.		Nature of service A = Assessment B = Treatment	Is this service
	Name of service	Name of site	C = Ongoing management	specifically for young children?
k.			□ A □ B □ C	Yes No
l.			□ A □ B □ C	Yes No
m.			□ A □ B □ C	Yes No
n.			□ А □ В □ С	Yes No
о.			□ А □ В □ С	Yes No
p.			□ А □ В □ С	Yes No
q.			□ A □ B □ C	Yes No
r.			ПА ПВ ПС	Yes No
		rs more than 18 services, p e as the email header, to yp		se separately, using
В.	PATHWAYS OF C	ARE		
	JTINE REFERRALS			
2.	In general, how are service (CAMHs)?	e users ROUTINELY REFER	RED to young people's me	ental health services
	To individual service		Common point of entry	,
	Other (Please give of	details)		
2	la a record kent of the fall			
3.	Is a record kept of the following The number of routing	owing. e referrals to young people's i	mental health services	☐ Yes ☐ No
	The number of emerg	ency referrals to young peop	le's mental health services	Yes No
	The number of accept	ted referrals to young people'	s mental health services	Yes No
	The number of menta	I health referrals via. the Eme	ergency Department	Yes No
	The number of service	e users who Do Not Attend ([DNA)	Yes No
	The number of service	e users who are not accepted	for treatment	□ Yes □ No



3a.	Continued.					
Ja.	The number of accepted referrals to adult mental health services from young people's mental health services			Yes	☐ No	
	The number of services from			r treatment to adult mental ealth services	Yes	_ No
3b.	Is there a written policy	for service	users who do i	not attend?	Yes	☐ No
3c.	In general, how are those service users who do not attend followed up? (Answers			may be mu	ltiple)	
	No formal mechan	nism for follo	ow up	GP or community follow	v up reques	ted
	Follow up for certa	ain age grou	ups	Followed up with repea	at appointme	ent
	Other (Please give	e details)			415 W.C	
2					1001 1001 1001	
4a.	Are there specific pathy organisation?	vays of care	e available for t	he following conditions in young	people in th	is
	Self harm	Yes	☐ No	Eating disorders	Yes	☐ No
	Anxiety	Yes	☐ No	Depression	Yes	☐ No
4b.	If YES to 4a, are there adherence/application of			/audit variation in	Yes	☐ No
4c.	If YES to 4a, are there sthese pathways?	systems in p	olacet o review	/audit variation in outcome from	Yes	☐ No
4d.	If YES, do these system measures?	ns review pa	atient related e	xperience and outcome	Yes	☐ No
5.			10.000000	or the development and/or overs young people in this organisation		
	Self harm	Yes	☐ No	Eating disorders	Yes	☐ No
	Anxiety	Yes	☐ No	Depression	Yes	☐ No
CRIS	IS AND EMERGENCY F	PATHWAYS	3			
6.	Does this organisation productions in young peo		vices for emerg	ency referrals for mental health	Yes	☐ No
If NO	, please go to question	16				

If YES:

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 give details)
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 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)
	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 give details)
9a.	Are there emergency mental health pathways specifically for young people in crisis?
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 give details)
11.	Is there a private/secure area in Emergency Departments &/or Assessment Units or equivalent which allows confidential psychiatric assessment? Yes No

Out o	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 give details)
13a.	Where are emergency referrals for young people's mental health seen and assessed? (Answers may be multiple)
	General hospital Community site Voung people's mental health (CAMHs) base
	Designated place of safety (i.e. Section 136 (or equivalent) suite)
	Other (Please give details)
13b.	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)
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 give details)
14a.	Are there out of hours emergency mental health pathways specifically for young people in crisis Yes No
14b.	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 give details)
SELF	REFERRAL PATHWAY
16a.	Is there provision for self referral? (e.g. open access drop in centre, common point entry, staffed telephone helpline)



16b.	If YES to 16a, is this service available as:						
	A five days a week service (Mon – Fri)		A sev	/en da	ys a week s	service	
	Other (Please give details)	92					1
16c.	If YES to 16a, does this include an out of hours ser	vice?				Yes	☐ No
17.	On average, what distances do young people need this organisation? (Please state furthest distance)	to trav	el for	tier 4 v	vithin		Miles
18a.	Is there a private/secure area in Emergency Depart or equivalent which allows confidential psychiatric a				ment Units	Yes	☐ No
18b.	If YES, are these facilities fully compliant with RCPs standards? (in terms of access, security and monito (Quality Standards for Liaison Psychiatry Services, RPsych, 2014)			Yes	☐ No	☐ Unkr	own
C	SERVICES FOR THE LONGER TE	DM	CAE)E ^	ND TDI	EATMEN	(I
	SERVICES FOR THE LONGER TE						N I
UF	PATIENTS WITH A MENTAL HEA	LIN	פוט	UKL	JEK (III	EK 4)	
19.	Does this organisation provide specialist inpatient (young people with mental health conditions?	Tier 4)	servio	es sp	ecifically for	Yes	☐ No
If NC), please go to question 26						
IF YE	ES:						
20.							
20.	If YES, please list the inpatient services provided (intensive care, forensic inpatient provision, early or etc). Please also provide details on who commission	nset ps	sychos	is unit	, perinatal n		
20 .	intensive care, forensic inpatient provision, early or	nset ps	sychos	is unit	, perinatal n		
20.	intensive care, forensic inpatient provision, early or	nset ps	sychos	is unit	, perinatal n		
20.	intensive care, forensic inpatient provision, early or	nset ps	sychos	is unit	, perinatal n		
20.	intensive care, forensic inpatient provision, early or	nset ps	sychos ese se	is unit	, perinatal n	nother/baby	
i.	intensive care, forensic inpatient provision, early or etc). Please also provide details on who commission	nset ps	sychos ese se	is unit	, perinatal n	nother/baby	
	intensive care, forensic inpatient provision, early or etc). Please also provide details on who commission	nset ps	sychos ese se	is unit	, perinatal n	nother/baby	
i.	intensive care, forensic inpatient provision, early or etc). Please also provide details on who commission	nset ps	sychos ese se	is unit	, perinatal n	nother/baby	
i.	intensive care, forensic inpatient provision, early or etc). Please also provide details on who commission	nset ps	sychos ese se	is unit	, perinatal n	nother/baby	
i. ii.	intensive care, forensic inpatient provision, early or etc). Please also provide details on who commission	nset ps	sychos ese se	is unit	, perinatal n	nother/baby	
i. ii. iv.	intensive care, forensic inpatient provision, early or etc). Please also provide details on who commission	nset ps	sychos ese se	is unit	, perinatal n	nother/baby	
i. ii. iv.	intensive care, forensic inpatient provision, early or etc). Please also provide details on who commission	young	peopl	comm	issioned b	nother/baby	



22.	Is there clear separation of accommodation between genders for:		
	Sleeping areas	Yes	☐ No
	Washing and toilet areas	Yes	☐ No
	Quiet living areas	Yes	☐ No
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 r	monthly
	Other (Please give details)		
23g.	If these event trigger incident analysis, what action is taken? (Please tick all that a	apply)	
	Local review of local cases Implementation of change	Polic	cy review
	Service improvement Meeting with commissioners	Clini	cal audit
	Other (Please give details)		
24a.	As an alternative to inpatient care are intensive community based treatment servi for this organisation to refer young people to? (Please select the most appropriate		available
	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's mental health services in either specialist or non-specialist		
	Established and regular unit input from:		
	Consultant paediatrician or physician	actitioner	
	Community General Nurse/Health Visitor/Midwife Dentistry		
	Other (Please give details)		



D. NETWORKS OF CARE

outcome measures for young people?

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 Is this organisation a member within a network of care (informal or formal) for young people with mental health conditions? Yes If NO, please go to question 33 IF YES: 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 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? 30. Does the network have regular communication in the following groups? **Formal Forum** Informal Name of service communication representation communication Commissioners **Acute Health** Young People's Mental Health **Adult Mental Health** Social care Education 3rd Sector Independent mental health providers Learning disability services 31a. Does the network provide/produce a record of routinely collected data including



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 Outc	ome Measures			
	Number of young people accessing specialist young people's mental health	services (CAMHs)?			
	Other (Please give details)				
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 give details)				
32.	Are there clear and funded organisation or network structures which recognise th health/wellbeing needs of the following at risk groups at transition:	e additional mental			
	Looked after young people	Unknown			
	Young people with autism Yes No	Unknown			
	Young people with ADHD Yes No	Unknown			
	Young people with learning disability	Unknown			
	Young people with emerging personality disorders	Unknown			
E.	TRANSITION				
(This	refers to the process of moving from children's to adult services - Please se	e 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	s:			
	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			



33c.	Are there any specific v	ariations in	policies for the transiti	on of patients with:		
	Self harm	Yes	No	Eating disorders	Yes	☐ No
	Anxiety	Yes	No	Depression	Yes	☐ No
33d.	Does this organisation	monitor hov	w well your transition po	olicy works?	Yes	☐ No
34a.	Is there a policy regardi between mental health				Yes	☐ No
34b.	If YES, does this cover acceptance criteria for o				Yes	☐ No
34c.	Is there a designated postween mental health				Yes	☐ No
34d	Where not accepted by information are in place			h teams, what other soul	ces of supp	ort/
	Referral to a Psyc	:hological T	herapies service (IAPT	Voluntary Sector	services	
	General Practition	ier		Primary care serv	rices (not IA	PT/GP)
	Signposting to Inc	lependent F	Providers	None		
35a.	Within this organisation people based primarily		on to "adult" mental hea	Ith services for young	Yes	☐ No
35b.	If YES, at what age doe Mental Health services					Years
35c.	Is there some flexibility circumstances or partic age for transition differs	ular mental		occurs? (E.g. are there liagnoses in which the	Yes	☐ No
36.	Are there clear and fund the following at risk gro	and the second s		ures which recognise the	additional	needs of
	Looked after young peo	ple			Yes	☐ No
	Young people with autis	sm			Yes	☐ No
	Young people with ADF	łD			Yes	☐ No
	Young people with learn	ning disabil	lity		Yes	☐ No
	Young people with eme	rging perso	onality disorders		Yes	☐ No
	Young people with psyc	chosis			Yes	☐ No
	Young people with eating	ng disorder	s		Yes	☐ No
	Young people in the just	tice system	n		Yes	☐ No

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

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 proces	s	
	☐ Use of young person as referee ☐ Other (Please give deta	ils below)	
44a.	Does this organisation have an active and representative service user group?	Yes	☐ No
44b.	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		
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 give details)							
46.	Within this organisation, is the coviews of young people?	ommunication strategy informed by the input and	Yes	☐ No				
47.	Is information for young people a readily available in different langu	nd parents/carers routinely produced and made uages?	Yes	☐ No				

C		^	T	7	^	N		D
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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 dorganisation?	edicated lead for mental	health services in young people i	n this Yes No
2.	Are there specific presenting to this o	5. [1] [1] 2 [1] 2 [1] 2 [1] 2 [1] 2 [1] 2 [1] 2 [1] 2 [1] 2 [1] 2 [1] 2 [1] 2 [1] 2 [1] 2 [1] 2 [1] 2 [1] 2 [1	le for the following conditions in ye	oung people
	Self harm	Yes No	Eating disorders	Yes No
	Anxiety	Yes No	Depression	Yes No
3.	Are acute health se pathways?	ector providers included	in the development of these care	Yes No
4.			ibility for the development and/or one for young people presenting in	
	Self harm	Yes No	Eating disorders	Yes No
	Anxiety	Yes No	Depression	Yes No
5.			ple with existing chronic or severe alth/wellbeing support? (Please se	
	☐ No specific ac	dditional/enhanced provi	ision Specific Mental H	ealth Liaison services
	Mental health services)	support delivered along	side physical health provision as	a routine (e.g. psychology
	Accelerated/s	pecific care pathway/bu	ndle to young people's mental hea	alth services (CAMHs)
	Other (Please	give details)		
CRIS	SIS AND EMERGEN			
6.		emergency referrals prio ganisation? (Answers ma	ritised and referred to young peop ay be multiple)	le's mental health
	Specified Em	ergency Care pathway/b	oundle for all acute mental health r	referrals in young people
	Specified Em	ergency Care pathway/b	oundle only for certain conditions e	e.g. Self Harm, Eating
	Dedicated on	call liaison	Psychiatry team	
	Provision for	self referral (e.g. open a	ccess drop in centre, manned tele	ephone 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 s	ervice	
	Other (Please give details)		
_	INVESTIGATION AND A STATE OF THE STATE OF TH		
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 ☐ Othe	1	
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 ☐ Othe		☐ 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 young person is receiving mental health care/has a mental health plan in place are in place to ensure joined up working/service integration for the individual patie health providers? (Answers may be multiple)		
	☐ Nominated lead for patient care (care coordinator) ☐ Joint	y agreed gu	idance
	☐ Joint professional meetings including review of complex cases ☐ Share	ed communi	cation
	☐ Jointly agreed care pathways/bundles ☐ Regu	lar "gap" an	alysis
	Other (Please give details)		
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
12h	Generally, when this event occurs in this organisation, is there appropriate advice	\$ 	□ 140
120.	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	Unkn	own
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?	Unkn	own

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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
C.	NETWORKS OF CARE	
14.	Is this organisation a member of a Network of Care (informal or formal) for young people with mental health conditions?	Yes No
If NC	, please go to question 19	
IF YE	S:	
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?	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 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 accesservices? (Please tick all that apply)	pted by adult
	Referral to a Psychological Therapies service (IAPT) Voluntary Sector s	services
	General Practitioner Primary care serv	ices (not IAPT/GP)
	☐ Signposting to Independent Providers ☐ None	
20.	Are there clear and funded organisation or network structures which recognise the health/wellbeing needs of the following at risk groups at transition:	additional mental
	Looked after young people	Yes No
	Young people with autism	Yes No
	Young people with ADHD	Yes No

20.	Continued.		
	Young people with emerging personality disorders	Yes	☐ No
	Young people with psychosis	Yes	☐ No
	Young people with eating disorders	Yes	☐ No
	Young people in the justice system	Yes	☐ No
E.	INVOLVEMENT OF YOUNG PEOPLE AND PARENTS A	AND	
	INVOLVEMENT OF YOUNG PEOPLE AND PARENTS A TIENT/PARENT/CARER INVOLVEMENT	AND	
PA		Yes	☐ No
PA 21a.	TIENT/PARENT/CARER INVOLVEMENT Is information provided by your organisation about mental health services for		□ No
PA 21a.	TIENT/PARENT/CARER INVOLVEMENT Is information provided by your organisation about mental health services for young people in your area? If YES, is it clear within this how mental health services for young people are	Yes	
21a. 21b.	Is information provided by your organisation about mental health services for young people in your area? If YES, is it clear within this how mental health services for young people are integrated with general health services? Within this organisation, is the communication strategy informed by the input and	Yes 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 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/Heath Board providing mental health services to young people

A. GUIDELINES, POLICIES AND PROCEDURES (INCLUDING CONSENT)

24-120			
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
3с.	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
B.	SAFEGUARDING/CHILD PROTECTION AND SOCIAL	CARE	
10.	Are services aligned/closely linked with local safeguarding young people/child protection services?	☐ No	□ NA
11.	Do mental health and safeguarding/child protection services work together to provi	de:	
	Joint/agreed guidance on the care of high risk groups (e.g. Looked after young people)	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 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
0			
J.	AUDIT/QUALITY IMPROVEMENT		
	AUDIT/QUALITY IMPROVEMENT 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
14a.	Does the care of young people with mental health disorders feature in regular	☐ Yes	No No
14a. 14b.	Does the care of young people with mental health disorders feature in regular multidisciplinary audit and/or quality improvement initiatives in this organisation? If YES, are the results of organisational and clinical audits, and data collection for	_	_

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	proble	m cases	arises (e	e.g. as	part of se	rious incide	ent review)
16.	If this organis (CAMHs) prov Improvement Improvement	vider, does it initiatives e.	partic g. RC	ipate in r Psych, N	egional	or natio	nal Quali		☐ Yes	☐ No	□ NA

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS QUESTIONNAIRE

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