

APPENDIX 3.0 DATA COLLECTION TOOLS

- 3.1 [CIRS Questionnaire](#)
- 3.2 [CIRS Care Path Questionnaire](#)
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ID code



The Royal College of Psychiatrists' Research Unit, 4th Floor, Standon House, 21 Mansell Street, London E1 8AA

CAMHS IN-PATIENT REFERRAL STUDY (CIRS)

Data collection tool for young people, aged 12 to 18 inclusive, who are referred to an in-patient psychiatric unit

Thank you for your interest in this research project, which aims to help identify the service needs of young people who experience severe mental health problems.

Important notice:

We would be very grateful if you could complete this form for the young person described below whom you referred on the date specified. This referral will be known as the **'index' referral** throughout the questionnaire and all responses should relate to the circumstances and behaviours that **applied close to the time of referral**.

ID code/ unit code	Name of unit referred to	Date of referral	Gender	Age in years (at time of referral)
/				
Diagnosis & notes:				

As this form will be completed retrospectively you may wish to refer to the young person's medical record to respond to some of the questions on their clinical severity ratings as recorded close to the time of referral.

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PLEASE NOTE THAT THIS QUESTIONNAIRE IS DOUBLE-SIDED. You can make notes anywhere on this tool, or use the note pages provided on pages 16 and 17, and attach extra pages if required.

<p>Form completed by -</p> <p>Name:</p> <p>Position:</p> <p>Name of service & address:</p> <p>Telephone No & Ext:</p> <p>Email (optional):</p>
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All information received would be treated in the strictest confidence and the young people, Trusts, referrers or in-patient units will not be identified in the final report. If you have any queries please contact Anne O' Herlihy (Research Fellow/Project Manager) by phone on 020 7977 6660 or email: aoherlihy@cru.rcpsych.ac.uk.

SECTION A: PATIENT INFORMATION

This questionnaire has been anonymised to remove the need to obtain written consent from the young person and their parent/carer. Approval for this method of data collection was secured from the study's Multi-centre Research Ethics Committee (MREC) in August 2005. At no time will the researchers or a third party be able to identify a named individual from the information requested on this form.

1 FIRST FOUR PARTS OF THE YOUNG PERSON'S POST CODE (e.g. WS7 8 or WS11 8):
The first four components of the young person's postcode represents a postcode sector and is a unit employed by the Office of National Statistics to produce key statistics for geographical areas. In the UK, with a total population of 58,789,194, there are 9,750 postcode sectors (Census 2001 Key statistics for postcode sectors in England and Wales, Office of National Statistics). It will not be possible to identify a named individual or their address with this information.

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PLEASE GIVE YOUR RESPONSE BY PLACING THE APPROPRIATE NUMBER IN THE BOXES IN THE RIGHT HAND COLUMN, OR BY TICKING THE APPROPRIATE BOXES WHEN INSTRUCTED. FREE TEXT SHOULD BE PLACED IN THE BOXES PROVIDED OR ON THE NOTE PAGES PROVIDED ON PAGES 16 AND 17.

2 Date of referral: (dd/mm/yyyy)/...../.....

3 Gender: (enter **ONE** number in the box) 1= Male 2 = Female

4 Ethnicity: as recorded in the young person's medical file (*Department of Health categories*) (enter **ONE** number in the box)

White

- 1 = British
- 2 = Irish
- 3 = Any other white background*

Mixed

- 4 = White and Black Caribbean
- 5 = White and Black African
- 6 = White and Asian
- 7 = Any other mixed background*

Asian or Asian British

- 8 = Indian
- 9 = Pakistani
- 10 = Bangladeshi
- 11 = Any other Asian background*

Black or Black British

- 12 = Caribbean
- 13 = African
- 14 = Any other Black background*

Other Ethnic Groups

- 15 = Chinese

16 = *Any other ethnic group (please specify for 3, 7, 11, 14 & 16):

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5 Is the young person's first language English?
 (Enter **ONE** number in the box) 0= No 1 = Yes 77 = Don't know

5a If NO, please specify the young person's first language:

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CODE



(1 or 2)

(1 to 16)

(0 or 1/77)

SECTION A: PATIENT INFORMATION (please use 77 or DK for 'Don't know')

CODE



(1-8/77)

6 Residency status: please code for the criterion that applies to this young person

- | | |
|-------------------------------------|---------------------------------|
| 1 = UK national | 5 = Refugee status granted |
| 2 = Foreign national visiting | 6 = Temporary leave to remain |
| 3 = Foreign national with residency | 7 = Exceptional leave to remain |
| 4 = Asylum seeker | 77 = Not known |

8 = Other (please specify):

SECTION B: REFERRAL DETAILS

Please complete this questionnaire for the 'index' referral made on the date described on the front page.

7 Source of referral to the in-patient CAMHS unit: (enter **ONE** number in the box)

(1 to 13)

- | | |
|---|------------------------------------|
| 1 = CAMHS psychiatrist | 6 = Self/parents or guardian |
| 2 = Other CAMHS professional
(Please specify under other e.g.
clinical psychologist) | 7 = Educational services |
| 3 = Paediatrician (acute) | 8 = Social worker/social services |
| 4 = Paediatrician (community/outpatient) | 9 = General practitioner |
| 5 = Adult mental health team | 10 = Accident & emergency |
| | 11 = Youth offending team /courts |
| | 12 = Police force medical examiner |

13 = Other (if 2, please specify):

8 What was the young person's accommodation status at the time the referral was made? (Enter **ONE** number in the box)

(1-15/77)

- | | |
|----------------------------|-----------------------------------|
| 1 = Family home | 8 = Homeless |
| 2 = Foster care home | 9 = Other CAMHS in-patient unit |
| 3 = Living independently | 10 = Children's home (LAC) |
| 4 = Living with friends | 11 = In police custody |
| 5 = Living with relatives | 12 = Educational residential unit |
| 6 = Adult psychiatric ward | 13 = Local authority secure home |
| 7 = Paediatric ward | 14 = Young offenders institution |
| | 77 = Don't know |

15 = Other (please specify):

SECTION B: REFERRAL DETAILS (please use 77 or DK for 'Don't know')

9 What category describes the type of referral you made for admission?
(Tick all criteria that apply)
A = Emergency (within 24 hours)
B = Planned for assessment
C = Planned for treatment
D = Other, please describe: _____

CODE	
↓	
A	
B	
C	
D	

10 What factors influenced your decision to refer this young person for in-patient treatment? Use OTHER to describe factors not listed.
Categories based on findings reported in Wrate, R.M., Rothery, D.J., McCabe, R.J.R et al (1994) A prospective multi-centre study of admissions to adolescent inpatient units, Journal of Adolescence, 17 (3) 221 – 237
 (Please number in order of priority starting with 1 to indicate the main factor) →

- A** = Severity of presenting problems (risk to self or others)
- B** = Ability of the family or primary carer to cope or to provide relief at home
- C** = To achieve psychological separation between parents/carers and the YP
- D** = To obtain improved control over the young person's behaviour
- E** = To assess or facilitate future placement needs
- F** = YP not responding to treatment provided on an out-patient basis
- G** = Lack of resources available to referrer (**please specify below**)
- H** = To provide detailed psychiatric assessment in a controlled environment
- I** = To establish better therapeutic control of a case
- J** = To provide a therapeutic peer-group environment
- K** = Other (**please specify for G**):

A
B
C
D
E
F
G
H
I
J
K

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11 What was the outcome of this 'index' referral?

(1 to 6)

If the date is not known please indicate by using **77/77/77**

- 1** = Referral not accepted and no assessment offered
- 2** = Assessed but not admitted **Assessment date:** / /
- 3** = Assessed and placed on a waiting list **Date on waiting list:** / /
- 4** = Assessed and offered a place but declined by YP or carers
- 5** = Admitted **Admission date:** / /
- 6** = Discharge (if known) **Discharge date:** / /

12 Prior to this 'index' referral, approximately how many other CAMHS units did you refer to, or contact, for a bed for this young person?

Number

SECTION B: IF ADMITTED PLEASE GO TO QUESTIONS 15 & 16

13 What reason/s did the unit give for why this young person was not admitted?

(Categories provided by Cheshire and Wirral Partnership NHS Trust Young People's Centre)

(Please number in order of primacy, starting with **1** to indicate the main reason) →

- A** = Young person's (YP) age is outside the unit's age-range for admission
- B** = YP lives outside admission boundaries of the unit
- C** = YP was assessed by unit staff as not needing in-patient treatment
- D** = YP has no evidence of mental disorder
- E** = YP has a learning disability
- F** = YP has excessive alcohol or substance misuse needs
- G** = Incompatibility with current patient group
- H** = Unit unable to contain current risk **to self**
- I** = Unit unable to contain current risk **to others**
- J** = No available beds
- K** = Needs of patient exceed current staff capability (**please specify below**)
- L** = YP or their relative/s refused
- M** = Funding not secured
- N** = **Other or if C or K (please specify)**

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13a Please describe any other factors you feel contributed to this decision:

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14 If the young person was not admitted, which type of service took over his/her care?

(Tick all criteria that apply)

- A** = Still with the referring service
- B** = Other in-patient CAMHS unit
- C** = Out-patient service with input from the in-patient unit (outreach)
- D** = Paediatric ward
- E** = Adult psychiatric ward
- F** = Adult community mental health team
- G** = Social services residential home
- H** = Educational residential home
- I** = Health (non-mental health)
- J** = Adolescent forensic
- K** = Local CAMHS
- L** = Don't know
- M** = **Other (please specify):**

--

CODE



A
B
C
D
E
F
G
H
I
J
K
L
M
N

A
B
C
D
E
F
G
H
I
J
K
L
M

SECTION C: CHILDREN ACT AND MENTAL HEALTH ACT STATUS

CHILDREN ACT STATUS

15 At the time of referral, was this young person subject to a section of the Children Act 1989?

(Enter **ONE** number in the box) **0**=No **1**=Yes **77** = Don't Know

15a If yes, please tick all that apply:

- A** = Section 17 – Children in need
- B** = Section 20 – Accommodated: looked after by social services
- C** = Section 25 – Secure accommodation order
- D** = Section 31 – Care and supervision order
- E** = Other (please specify):

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CODE

↓
(0 or 1/77)

--

A
B
C
D
E

MENTAL HEALTH ACT STATUS

16 At the time of referral, was the young person subject to a section of the Mental Health Act 1983?

(Enter **ONE** number in the box) **0**=No **1**=Yes **77** = Don't Know

16a If yes, please tick all that apply at the time of referral:

- A** = Section 2 – Admission for assessment
- B** = Section 3 – Admission for treatment
- C** = Section 4 – Emergency admission
- D** = Section 37 – Hospital order for convicted persons
- E** = Section 38 – Interim hospital order
- F** = Section 41 – Restriction order
- G** = Section 47, 48 & 49 – Convicted prisoners removed to hospital
- H** = Section 136 – Mentally disordered persons in public places
- I** = Other (please specify):

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(0 or 1/77)

--

A
B
C
D
E
F
G
H
I

SECTION D: SERVICE USE HISTORY IN THE SIX-MONTHS PRIOR TO THE 'INDEX' REFERRAL

We appreciate that this information may be difficult to provide but ask that you complete this section to the best of your knowledge and, if possible, in consultation with the young person and their parent or carer. The aim of this section is to obtain a brief overview of the young person's care pathway in the six-months prior to the 'index' referral.

17	Please indicate the date this young person was <u>first</u> referred or seen by your service:	Month	Year
18	CONTACT WITH SERVICES IN THE 6 MONTHS PRIOR TO THE 'INDEX' REFERRAL		
SERVICES AND PROFESSIONALS		Contact (Tick for yes)	Number of contacts (if known)
Health in-patient hospital care			Home visit involved? (Tick for yes)
1 = Accident and emergency dept./ adult general medical ward			
2 = In-patient CAMHS unit			
3 = Paediatrician (in-patient)			
4 = Adult psychiatric ward			
Health community care			
5 = Community CAMHS team/Child development centre/ Child and family centre			
6 = Community psychiatric nurse (CPN) attached to CAMHS			
7 = Primary mental health worker/practitioner			
8 = Outreach worker attached to a CAMHS in-patient unit			
9 = Family therapist			
10 = Individual therapist			
11 = Art therapist			
12 = Occupational therapist			
13 = Clinical psychologist			
14 = Paediatrician (community/outpatient)			
15 = Adult mental health team (community)			
16 = CPN attached to an adult mental health team			
17 = General practitioner (GP)			
18 = Health visitors			
40 = Dietician			
Social services			
19 = Social worker			
20 = Children's home - looked after children (LAC)			
Educational services			
21 = School nurse			
22 = Connexions			
23 = Educational psychologist			
24 = Educational welfare officer			
25 = Special education needs co-ordinator			
Youth justice system			
26 = Police custody			
27 = Probation officer			
28 = Youth offending team			
29 = Voluntary sector & other			
<i>Please specify by naming the service (e.g. advocacy services - open door, 42nd street etc):</i>			

SECTION E: SERVICE USE IN THE SIX-MONTHS POST THE 'INDEX' REFERRAL			
19	DATE YOU COMPLETED THIS QUESTIONNAIRE (...../...../.....)		
	We plan to capture this data in a pre-arranged telephone interview with you.		
SERVICES AND PROFESSIONALS	Contact (Tick for yes)	Number of contacts (if known)	Home visit involved? (Tick for yes)
Health in-patient hospital care			
1 = Accident and emergency dept./ adult general medical ward			
2 = In-patient CAMHS unit <i>Please name:</i>			
3 = Paediatrician (in-patient) <i>Please name:</i>			
4 = Adult psychiatric ward <i>Please name:</i>			
Health community care			
5 = Community CAMHS team/Child development centre/ Child and family centre			
6 = Community psychiatric nurse (CPN) attached to a CAMHS team			
7 = Primary mental health worker/practitioner			
8 = Outreach worker attached to a CAMHS in-patient unit			
9 = Family therapist			
10= Individual therapist			
11 = Art therapist			
12 = Occupational therapist			
13 = Clinical psychologist			
14 = Paediatrician (community/outpatient)			
15 = Adult mental health team (community)			
16 = CPN attached to an adult mental health team			
17 = General practitioner (GP)			
18 = Health visitors			
40 = Dietician			
Social services			
19 = Social worker			
20 = Children's home-looked after children (LAC)			
Educational services			
21= School nurse			
22 = Connexions			
23 = Educational psychologist			
24 = Educational welfare officer			
25 = Special education needs co-ordinator			
Youth justice system			
26 = Police custody			
27 = Probation officer			
28 = Youth offending team			
29 = Voluntary sector & other			
<i>Please specify by naming the service (e.g. advocacy services - open door, 42nd street etc):</i>			

SECTION F: DIAGNOSIS & PSYCHOSOCIAL COMPLEXITY (based on the Paddington Complexity Scale-Yates et al., 1999). Please rate according to events close to the time of the 'index' referral.

20 **RATER'S PROFESSION:** _____

20a **RATER'S NAME:** _____

CODE
↓
(1 to 14/77)
[]

21 **DIAGNOSIS (ICD-10): At the time the referral was made what was the principle or probable diagnosis for this young person?** (Enter **ONE** number in the box)

- | | |
|--|--|
| 1 = Eating disorder [F50] | 9 = Hyperkinetic disorders [F90] |
| 2 = Schizophrenia, delusional or psychotic disorders [F20-F29] | 10= Conduct disorders (incl. mixed CED) [F91&92] |
| 3 = Mood (affective) disorders [F30-F39] | 11= Organic, including symptomatic, mental disorders [F00-F09] |
| 4 = Mental and behavioural disorders due to psychoactive substance use [F10-F19] | 12= Behavioural syndromes associated with physiological disturbances [F50-F59] |
| 5 = Anxiety disorders [F40 &41] | 13= Disorders of psychological development [F80-F89] |
| 6 = Obsessive-compulsive disorder [F42] | |
| 7 = Other neurotic, stress-related and somatoform disorders [F43-F48] | |
| 8 = Disorders of adult personality and behaviour [F60-F69] | |

77= Diagnosis not known

14 = Other diagnosis (please specify):

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21a **If primary diagnosis is 1 = Eating disorder (F50), please give measurements for the following as recorded close to the time of the 'index' referral:**

Age	
Height	
Weight	

21b **If primary diagnosis is 1 as above, please specify type:** (Enter **ONE** number in the box)

1 = Anorexia (typical and atypical)	
2 = Bulimia (typical and atypical)	
3 = Other	

22 **Please specify the young person's secondary diagnosis if known:** (Enter **ONE** number from the list above)

(1 to 14/77)
[]

23 **Please specify any other diagnosable co-morbidity using the list above:**

Notes:

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(1 to 14/77)
(1 to 14/77)
[]

24 **Has an analysis of risk been undertaken?** (Enter **ONE** number in the box) 0=No 1= Yes 77= Don't Know

(0 or 1/77)
[]

25 **Is this young person viewed to be at risk to:** (Enter **ONE** number in the box)

- | | |
|------------|------------------------------------|
| 1 = Self | 3 = Both self and others (1 and 2) |
| 2 = Others | 4 = Not at risk to self or others |

(1 to 4)
[]

SECTION F: PSYCHOSOCIAL COMPLEXITY

CODE

32 What school or education service did this young person attend or receive in the last school term, prior to this referral? (Enter **ONE** number in the box)

↓
(0 to 11)

- | | |
|---|--|
| 0 = No school (exclusion & no other provision) | 5 = Further or higher ed. college |
| 1 = Mainstream secondary school | 6 = LEA special needs day school |
| 2 = Special unit in mainstream school | 7 = LEA special needs boarding school |
| 3 = Pupil referral unit | 8 = Independent special needs day school |
| 4 = Home tuition provided by LEA | 9 = Independent special needs boarding sch. |
| | 10 = Not applicable (left school – post-16) |

11= Other, please specify

33 In the last term of school prior to this referral, was this young person excluded or suspended from school? (Enter **ONE** number in the box)

(0 to 1/77)

- 0** = No **1** = Yes **77** = Don't know

IF YES

33a Number of days permanently excluded?

Number

33b Number of days suspended/temporarily excluded?

Number

34 Who is this young person's main carer?
(Enter **ONE** number in the box)

(0 to 9)

- | | |
|---|--|
| 0 = Both natural parents | 5 = Formal foster parents |
| 1 = Single parent | 6 = Adoptive parents |
| 2 = Natural mother with mother's partner | 7 = Local authority (children's home) |
| 3 = Natural father with father's partner | 8 = Grandparents |
| 4 = Relative/s (other than grandparents) | |

9 = Other carers, please specify

35 Please indicate the carer's attitude and co-operation with assessment or treatment (Enter **ONE** number in the box)

(0 to 2)

- 0** = Facilitative **1** = Indifferent **2** = Counter-productive

36 Does the parent/carer have a diagnosable mental health problem?
(Enter **ONE** number in the box)

(0 or 1/77)

- 0** = No **1** = Yes **77** = Don't know

SECTION G: CLINICAL SEVERITY RATINGS	
<p>Children's Global Assessment Scale (CGAS) David Shaffer, M.D., Madelyn S. Gould, Ph.D. Hector Bird, M.D., Prudence Fisher, B.A. Adaptation of the Adult Global Assessment Scale (Robert L. Spitzer, M.D., Nathan Gibbon, M.S.W., Jean Endicott, Ph.D.)</p> <p>PLEASE RECORD A CGAS SCORE EVEN IF THIS IS BASED ON YOUR MEMORY OF THE YOUNG PERSON'S FUNCTIONING AT THE TIME OF REFERRAL. THE DATE OF RATING IS REQUIRED ONLY IF THIS WAS RECORDED CLOSE TO THE TIME OF THE 'INDEX' REFERRAL.</p>	
43a	<p>DATE OF CGAS RATING:/...../..... OR FROM MEMORY (PLEASE INDICATE AS APPROPRIATE) (IF RECORDED CLOSE TO TIME OF 'INDEX' REFERRAL)</p>
100-91	<p>DOING VERY WELL Superior functioning in all areas (at home, at school and with peers), involved in a range of activities and has many interests (e.g. has hobbies or participates in extracurricular activities or belongs to an organised group such as Scouts, etc.). Likeable, confident, everyday worries never get out of hand. Doing well in school. No symptoms.</p>
90 – 81	<p>DOING WELL Good functioning in all areas. Secure in family, school, and with peers. There may be transient difficulties and "everyday" worries that occasionally get out of hand (e.g. mild anxiety associated with an important exam, occasionally "blow-ups" with siblings, parents or peers).</p>
80 – 71	<p>DOING ALL RIGHT –minor impairment No more than slight impairment in functioning at home, at school or with peers. Some disturbance of behaviour or emotional distress may be present in response to life stresses (e.g. parental separations, deaths, birth of a sibling) but these are brief and interference with functioning is transient; such children are only minimally disturbing to others and are not considered deviant by those who know them.</p>
70 – 61	<p>SOME PROBLEMS - in one area only Some difficulty in a single area, but generally functioning pretty well, (e.g. sporadic or isolated antisocial acts such as occasionally playing hooky, petty theft; consistent minor difficulties with school work, mood changes of brief duration, fears and anxieties which do not lead to gross avoidance behaviour; self-doubts). Has some meaningful interpersonal relationships. Most people who do not know the child well would not consider him/her deviant but those who do know him/her well might express concern.</p>
60 – 51	<p>SOME NOTICEABLE PROBLEMS – in more than one area Variable functioning with sporadic difficulties or symptoms in several but not all social areas. Disturbance would be apparent to those who encounter the child in a dysfunctional setting or time but not to those who see the child in other settings.</p>
50 – 41	<p>OBVIOUS PROBLEMS – moderate impairment in most areas or severe in one area Moderate degree of interference in functioning in most social areas or severe impairment functioning in one area, such as might result from, for example, suicidal preoccupations and ruminations, school refusal and other forms of anxiety, obsessive rituals, major conversion symptoms, frequent anxiety attacks, frequent episodes of aggressive or other antisocial behaviour with some preservation of meaningful social relationships.</p>
40 – 31	<p>SERIOUS PROBLEMS – major impairment in several areas and unable to function in one area Major impairment in functioning in several areas and unable to function in one of these areas, i.e. disturbed at home, at school, with peers or in the society at large, e.g. persistent aggression without clear instigation; markedly withdrawn and isolated behaviour due to either mood or through disturbance, suicidal attempts with clear lethal intent. Such children are likely to require special schooling and/or hospitalisation or withdrawal from school (but this is not a sufficient criterion for inclusion in this category).</p>
30 – 21	<p>SEVERE PROBLEMS - unable to function in almost all situations Unable to function in almost all areas, e.g. stays at home, in ward or in bed all day without taking part in social activities OR severe impairment in reality testing OR serious impairment in communication (e.g. sometimes incoherent or inappropriate).</p>
20 – 11	<p>VERY SEVERELY IMPAIRED -considerable supervision is required for safety Needs considerable supervision to prevent hurting others or self, e.g. frequently violent, repeated suicide attempts OR to maintain personal hygiene! OR gross impairment in all forms of communication, e.g. severe abnormalities in verbal and gestural communication, marked social aloofness, stupor, etc.</p>
10 – 1	<p>EXTREMELY IMPAIRED - constant supervision is required for safety Needs constant supervision (24-hour care) due to severely aggressive or self-destructive behaviour or gross impairment in reality testing, communication, cognition, affect or personal hygiene.</p>
	<p>Specified time period: 1 month</p>
43b	<p>CGAS SCORE =</p>

SECTION G: CLINICAL SEVERITY RATINGS (HoNOSCA scores)			
ONLY COMPLETE THIS PAGE IF CLINICAL SEVERITY RATINGS USING HoNOSCA WERE RECORDED FOR THIS YOUNG PERSON CLOSE TO THE TIME OF REFERRAL.			
HEALTH OF THE NATION OUTCOME SCALES FOR CHILDREN AND ADOLESCENTS HoNOSCA SCORE SHEET			
Gowers, S.G., Harrington, R.C., Whitton, A., Beevor, A.S., Lelliott, P., Jezzard, R., King, J.K (1998). (For your Glossary is provided on pages 13 to 15)			
For your information, HoNOSCA training materials are available free of charge to all CAMHS in the UK and may be ordered from the HoNOSCA website: http://www.liv.ac.uk/honosca/ and www.rcpsych.ac.uk/cru/honoscales/honosca/training.htm .			
38	HoNOSCA rater's profession:		
38a	Date of HoNOSCA rating:/...../.....		
SECTION A 39	No.	Scale	Score scale 0-4 (Rate 77 if not known)
	1.	Disruptive, antisocial or aggressive behaviour	
	2.	Overactive, attention or concentration	
	3.	Non-accidental self-injury	
	4.	Alcohol, substance or solvent misuse	
	5.	Scholastic or language skills	
	6.	Physical illness or disability problems	
	7.	Hallucinations and delusions	
	8.	Non-organic somatic symptoms	
	9.	Emotional and related symptoms	
	10.	Peer relationships	
	11.	Self-care and independence	
	12.	Family life and relationships	
	13.	Poor school attendance	
40		SECTION A total score	
SECTION B	14.	Lack of knowledge – nature of difficulties	
	15.	Lack of information – services/management	
41		SECTION B total score	
42		SECTION A & B TOTAL SCORE	
37	Have you been trained to use the HoNOSCA scales? 0 = No 1 = Yes		CODE:



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CAMHS IN-PATIENT REFERRAL STUDY (CIRS) CARE PATHWAY FORM

This form is to be completed by the researcher based on telephone interviews with the young person's referrer and other key professionals the YP came into contact with during the year following their 'index' referral. The form will be completed for each interview conducted with professionals, and will be kept securely in a cabinet separate from the one holding the CIRS questionnaires. Some of the questions are based on the MARC1 questionnaire (Huxley et al, 2000), which is a standardized tool employed to assess the service needs of adults with mental health problems. The purpose of this form is to collect descriptive data on services young people accessed during the study period, and their clinical and risk status during each service contact.

PRIOR TO INTERVIEW OR CONTACT WITH REFERRER THE RESEARCHER WILL COMPLETE Q 1 -7	
1	Date of index referral: _____ / _____ / _____
2	Name of referrer: _____
3	Gender: 1 = Male 2 = Female
4	Age in years at the time of the index referral:
5	Date of interview: _____ / _____ / _____
6	Type of profession: (code according to the list on page 5)
7	Type of service (code according to the list on page 5)
Notes for interview from Q data:	
SERVICE HISTORY DURING THIS PROFESSIONAL'S CONTACT (post index referral)	
8	How did you manage this YP care after they were not admitted? (only to the main referrer)
a)	Did you agree with the decision not to admit?
b)	If no, why?

SERVICE HISTORY DURING THIS PROFESSIONAL'S CONTACT (post index referral)	
<p>13 Was the care provided part of a planned care package? 0=No 1=Yes 77 = Don't Know</p>	13
<p>a) Was the care package implemented as planned? 0=No 1=Yes 77 = Don't Know</p>	13a
<p>b) If no, what changes were made?</p>	
<p>14 A. How would you describe the young person's co- operation with the help given or offered? 0 = Complete refusal/partial refusal 1 = Reluctant acceptance / occasional refusal 2 = Passive acceptance 3 = Moderate participation 4 = Active participation</p>	A Y Person 14 A i)
<p>I) With keeping appointments</p>	
<p>II) Medication</p>	14 A ii))
<p>14 B How would you describe the parent or carer's co-operation with the help given or offered? Code as above</p>	Parent
<p>I) With keeping appointments</p>	14 Bi)
<p>II) Medication</p>	14 Bii)
<p>15 In your opinion did this young person receive an appropriate level of care? 0 = No 1= Yes 77= Don't Know</p>	15
<p>15a If no, what level of care do you feel should have been provided? Please describe the services available locally for this young person and access issues, as well as the services you feel are lacking.</p>	
<p>b) Do feel this young person has improved since the time of referral? Ask for CGAS score for present day and at time of referral (if not already provided).</p>	
<p>16 Has your contact with this young person come to an end? 0 = No 1= Yes 77= Don't Know</p>	16A
<p>16a If yes, what date or month did the care end? _____/_____/_____</p>	
<p>16b If yes, what type of service/s has this young person been referred on to? Code for type of service (b) and profession (c) from list If not known code 77 If no other care or service required code 33</p>	16 BService 16C Profes.
<p>17 Name of professional and service contact details:</p>	

Appendix 3.2
Version 4; date Dec 2005

For Q12 LIST OF CODES FOR CONTACT WITH SERVICES AND PROFESSIONALS:	Overall Contact (Tick for yes)	State frequency of contact
Health in-patient hospital care		
1 = Accident and emergency dept./ adult general medical ward		
2 = In-patient CAMHS unit <i>Please name:</i>		
3 = Paediatrician (in-patient) <i>Please name:</i>		
4 = Adult psychiatric ward <i>Please name:</i>		
Health community care		
5 = Community CAMHS team/Child development centre/ Child and family centre		
5a = Early Intervention Psychosis Team		
5b = Adolescent outreach team		
6 =Community psychiatric nurse (CPN)-CAMHS		
6a = Assertive outreach (16-18)		
7 = Primary mental health worker/practitioner		
8 = Outreach worker attached to a CAMHS in-patient unit		
9 = Family therapist		
10= Individual therapist		
11 = Art therapist		
12 = Occupational therapist		
13 = Clinical psychologist		
14 = Paediatrician (community/outpatient)		
15 = Adult mental health team (community)		
16 = CPN attached to an adult mental health team		
17 = General practitioner (GP)		
18 = Health visitors		
40 = Dietician		
30 = Drug and alcohol teams		
31 = Learning disability teams		
Social services		
19 = Social worker		
20 = Children's home-looked after children (LAC)		
Educational services		
21= School nurse		
22 = Connexions		
23 = Educational psychologist		
24 = Educational welfare officer		
25 = Special education needs co-ordinator		
33 = Residential educational facility		
32 = Student support services/ FE student services		
Youth justice system		
26 = Police custody		
27 = Probation officer		
28 = Youth offending team		



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CAMHS In-patient Referral Study (CIRS)

CIRS Admission Criteria Questionnaire

Purpose of the questionnaire: The aim is to obtain consensus about criteria that determine need for admission to an adolescent inpatient CAMHS unit. This is an important question for both community and inpatient CAMHS professionals. The exercise has two stages: we will feed back to you the results of this first survey, in a form that asks you to make a second rating. We intend to undertake the second rating six months after the first. It is important that you complete and return this **brief questionnaire** by **Wednesday 17 April 2006**. Respondents will also receive **feedback of the results of the second rating**. This rating should only take up approximately 5 minutes to 10 minutes of your time.

We are asking for your own personal professional view and *not* the views or practices of your team.

- ***Please read the instructions at the top of the questionnaire carefully***
- Please **complete each item** on this brief one-page questionnaire and do not leave any blanks
- **Return this questionnaire by Wednesday 17 April 2006 by post in the freepost envelope provided**
- All information will be treated in the strictest confidence.
- No individual, unit or trust will be identified in the final report and will only be known to the researcher.
- If you have any questions, please call Anne O'Herlihy (Research Fellow/CIRS & COSI-CAPS Project Manager) on 020 7977 6660 or email: aoherlihy@cru.rcpsych.ac.uk
- ***Thank you for your participation***

Form completed by (please use CAPITALS - thank you):

1. Name:

2. Name of service/unit name & address:

3. Position (please include your professional background e.g. nurse, psychiatrist):_

4. Gender: Male Female

5. Number of years of professional experience: _____

a) Number of years working with adolescents in a community setting: _____

b) Number of years working with adolescents in an in-patient CAMHS unit: _____

6. Number of years or months in current post: _____

7. Do you specialise in treating any specific type of disorder?

8. Are you involved in making decisions about who should be referred/admitted to an inpatient CAMHS unit?

Yes No

CONSENSUS RATING FORM

THESE INSTRUCTIONS ARE IMPORTANT, PLEASE READ CAREFULLY BEFORE COMPLETING THE RATING - THANKS

We are interested in your opinion about the criteria that determine clinical need for admission to a general purpose or specialist eating disorder adolescent mental health inpatient unit. That is, whether a young person with an attribute would be appropriately placed and would be likely to benefit from inpatient CAMHS care. **Please base your ratings on this alone.**

Do not be influenced by admission or exclusion criteria that might apply in your local unit or how local decisions are influenced by resource constraints. When making your ratings assume that the only alternatives available are the standard range of community CAMH services; take the view that you do not have access to specialised 'alternatives to admission', such as, home-based treatment, specialised foster care, intensive outreach etc.

SECTION 1: <i>question</i>		<i>Please mark X in the yes or no box for each</i>		Yes	No
Que st. ste m	Would you admit or request an admission to a general purpose or specialist eating disorder unit:				
1.	For an adolescent who you thought <u>did not have a severe mental illness?</u>				
2.	If the young person presented with challenging behaviours or conduct disorder in the <u>absence</u> of a severe mental illness?				
3.	If the <u>primary</u> problem was a substance misuse problem?				
4.	If the <u>primary</u> problem was a development disorder?				
5.	If the <u>primary</u> problem was learning disability?				

PLEASE GO TO SECTION 2 ON THE OPPOSITE PAGE ⇨

NOTES: After you complete SECTION 2 on the opposite page (pg 3), please use the space below to list any other clinical factors you consider important to your decisions to refer and admit, or any other comments you wish to make:

SECTION 2:

Assuming a young person *does have a Severe Mental Illness (SMI)*, rate how important each of the factors below are to your view about the clinical benefit and appropriateness of admitting a young person to a general purpose or specialist eating disorder unit. Do not be influenced by your local circumstances and assume there are no specialised alternatives to admission.

Please note the direction of your answer, for example, if you believe that a young person with a co-morbid learning disability is important but in a negative way (i.e. it would reduce the likelihood for admission) score it as a one (not important to your decision to admit) or a two. The factors below are in a random order to remove any order effect.

	1	2	3	4	5	6	Scale (please encircle)
The Scale	Not at all important	Of very minor importance	Of minor importance	Of major importance	Of very major importance	Main determinant combined with SMI	Or bold text the selected no.
RS	Risk of suicide						1 2 3 4 5 6
F	Low level of functioning as indicated by a low CGAS score or a high HoNOSCA score						1 2 3 4 5 6
EO	Young person's reluctance to engage with outpatient treatment						1 2 3 4 5 6
D	Co-morbid presence of a developmental disorder (e.g. Aspergers Syndrome, Autism)						1 2 3 4 5 6
C	Need for 24-hour a day observation to develop a care plan due to the complexity of the case						1 2 3 4 5 6
ET	Young person's willingness or desire to engage in the treatment package						1 2 3 4 5 6
P	Physical health is deteriorating due to mental illness (e.g. very low body weight, severe self neglect, reluctance to eat or drink etc).						1 2 3 4 5 6
UC	Inadequate family support or family unable to cope						1 2 3 4 5 6
DA	Parents' desire for admission						1 2 3 4 5 6
SH	Presence of serious self-harm (evidence of active self-harming causing serious injury)						1 2 3 4 5 6
V	Violent behaviour						1 2 3 4 5 6
SP	Separation from the parents or family would be of benefit to the young person						1 2 3 4 5 6
S	Co-morbid presence of substance misuse problems						1 2 3 4 5 6
AA	An assessment needs to take place away from the family or usual environment						1 2 3 4 5 6
RO	Risk to others (e.g. fire-setting, sexual abuse etc.)						1 2 3 4 5 6
L	Co-morbid presence of a learning disability						1 2 3 4 5 6
U	Unresponsive to outpatient care						1 2 3 4 5 6

If you have any questions, please call Anne O'Herlihy (Research Fellow/CIRS & COSI-CAPS Project Manager) on 020 7977 6660 or email: aoherlihy@cru.rcpsych.ac.uk



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CAMHS In-patient Referral Study (CIRS)

CIRS Admission Criteria Questionnaire- Second consensus survey

Thank you for returning the first survey questionnaire about factors that influence the decision to admit a young person to an adolescent inpatient unit. The purpose of this second brief survey questionnaire is to try to improve the level of consensus.

The third and final stage will be on-line ratings of a series of vignettes that include various combinations of factors that influence admission decisions. We shall let you know how to access this once we have analysed the results of this second survey. All respondents will receive a summary of the final results.

- Please **complete each item** on this brief questionnaire and do not leave any blanks
- **Return this questionnaire by Friday 20 October 2006 in the freepost envelope provided.**
- All information will be treated in the strictest confidence.
- No individual, unit or trust will be identified in the final report.
- If you have any questions, please call Anne O'Herlihy (Research Fellow/CIRS & COSI-CAPS Project Manager) on 020 7977 6660 or email: aoherlihy@cru.rcpsych.ac.uk
- ***Thank you again for your participation***

Please check that the details we hold are correct, particularly questions 2ii & 4.

1. Name:

2. Name of service/unit name & address:

2ii: Email:

3. Position (please include your professional background e.g. nurse, psychiatrist):

4. Number of years of professional experience (include training for psychiatry):

a) Number of years working with adolescents in a community setting:

b) Number of years working with adolescents in an in-patient CAMHS unit:

6. Number of years in current post:

7. Are you involved in making decisions about who should be referred / admitted to an inpatient CAMHS unit?

Yes

No

APPENDIX A 3.4 -CIRS GROUP INTERVIEW GUIDE

Based on the comments we received from the first survey (thank you), a number of items have been amended; all additional items/words are highlighted in *italics*. In SECTION 2 we have also added a 0 score to the scale so that you can mark the criteria you feel would be a reason for not admitting.

SECTION 1: *Please tick yes or no for each question* ⇨ **Yes** **No**

1 Would you admit or request an admission for an adolescent who you knew *did not have a severe mental illness*?

Quest. Stem **If you know a young person does not have a severe mental illness, would you admit or request an admission if the problem was:**

2 Challenging behaviours or conduct disorder?

3 Substance misuse?
(please also code for each sub category below)

i Alcohol misuse

ii Cannabis or skunk misuse

iii Class A substances misuse (crack cocaine, opiates, amphetamines, etc)

4 A developmental disorder (e.g. Aspergers Syndrome, Autism)?

5 A learning disability?

NOTES: After you complete SECTION 2 on the opposite page (pg 3), please use the space below to list any other clinical factors you consider important to your decisions to refer and admit, or any other comments you wish to make:

APPENDIX A 3.4 -CIRS GROUP INTERVIEW GUIDE

SECTION 2:

The first shaded column below shows the rating that you made for each factor in survey 1. The second shaded column shows the mean rating score for all the respondents of the first rating (n=171 CAMHS professionals who responded to survey 1). The third shaded column shows the percentage of respondents who rated the factor as being of major importance, of very major importance or as being a main determinant.

Having considered the summary of the views of your colleagues, please rate again how important each of the factors below are in determining whether a young person be appropriate for admission to a general purpose or specialist eating disorder unit. Please note that changes to the items from the last rating have been made and these are marked in *italics*. Please read the note at the end if you scored 0 for any item.

Assume that the young person ***does have a Severe Mental Illness (SMI)*** and that there are no specialised alternatives to admission. Please do not be influenced by your local circumstances.

SCALE	0	1	2	3	4	5	6	2 nd survey scale please circle one number ↓	First survey summary		
	Would be a reason for not admitting	Not at all important to my decision	Of very minor importance to my decision	Of minor importance to my decision	Of major importance to my decision	Of very major importance to my decision	Main determinant combined with SMI		Your rating in survey 1	Mean rating in survey 1	% who scored 4 or above
V	Violent behaviour <i>in the context of a mental illness</i>								0 1 2 3 4 5 6	3.5	46
L	Co-morbid presence of a learning disability								0 1 2 3 4 5 6	2.8	23
SH	Presence of serious self-harm (evidence of active self-harming causing serious injury <i>without suicidal intent</i>)								0 1 2 3 4 5 6	4.6	88
RO	Risk to others (e.g. fire-setting, sexual abuse etc.)								0 1 2 3 4 5 6	3.6	56
UC	Inadequate family support or family unable to cope								0 1 2 3 4 5 6	3.9	69
S	Co-morbid presence of substance misuse problems (please code for this main item and the three sub-items below)								0 1 2 3 4 5 6	3.1	33
i	<i>Co-morbid presence of alcohol misuse</i>								0 1 2 3 4 5 6		
ii	<i>Co-morbid presence of cannabis or skunk misuse</i>								0 1 2 3 4 5 6		
iii	<i>Co-morbid presence of class A substance misuse (opiates, cocaine, ecstasy, LSD, amphetamines)</i>								0 1 2 3 4 5 6		
R	Risk of suicide								0 1 2 3 4 5 6	5.2	95
EO	Young person's reluctance to engage with outpatient treatment								0 1 2 3 4 5 6	3.5	55
D	Co-morbid presence of a developmental disorder (e.g. Aspergers Syndrome, Autism)								0 1 2 3 4 5 6	3.2	39

APPENDIX A 3.4 -CIRS GROUP INTERVIEW GUIDE

Section 2 continued: Second consensus survey								First survey summary			
SCALE	0	1	2	3	4	5	6	←←2 nd survey scale	A.. Your 1 ST survey score	B Mean	C % who scored 4 or above.
	Would be a reason for not admitting	Not at all important to my decision	Of very minor importance	Of minor importance	Of major importance	Of very major importance	Main determinant combined with SMI	please circle on number ↓			
SP	Separation from the parents or family would be of benefit to the young person							0 1 2 3 4 5 6		3.5	50
F	Low level of functioning as indicated by a low CGAS score or a high HoNOSCA score							0 1 2 3 4 5 6		3.6	54
ET	Young person's willingness or desire to engage in the treatment package							0 1 2 3 4 5 6		4.0	73
P	Physical health is deteriorating due to mental illness (e.g. very low body weight, severe self neglect, reluctance to eat or drink etc).							0 1 2 3 4 5 6		5.1	91
DA	Parents' desire for admission							0 1 2 3 4 5 6		3.4	44
C	Need for 24-hour a day observation to develop a care plan due to the complexity of the case							0 1 2 3 4 5 6		4.7	88
AA	An assessment needs to take place away from the family or usual environment							0 1 2 3 4 5 6		4.0	67
U	Unresponsive to outpatient care							0 1 2 3 4 5 6		4.1	76

Code e.g. C **If you scored 0 for any of the items**, please give the reason for your rating and state whether you believe an admission to another type of unit would be of benefit, stating the type of residential care, for example, forensic, secure mental health unit, learning disability CAMHS unit, secure social services, educational service). Please state the **letter code** of the item you are referring to.

CIRS GROUP INTERVIEW GUIDE

1. What are the main functions of an in-patient CAMHS unit?

2. What factors influence who is a) referred and b) who is admitted?

- A Clinical need: presence of severe mental illness
 - i. How do those referred to IP CAMHS differ from those treated in community settings, in terms of their clinical presentation?
- B Risk
 - i. How important is risk? Should it be the main priority
 - ii. What level of risk?
 - Serious and recent suicide attempt
 - Suicidal thoughts and expressed wish to die
 - Repeated self –harming
 - Risk to others
 - Severe psychotic symptoms
- C Adaptive functioning:
 - Family
 - School
 - Peers
- D Resource factors
 - Bed availability
 - Case-mix factors and levels of dependency in the unit
 - Availability of skilled staff
 - Availability of community-based alternatives-has a change in community-based provision had an effect on referrals.
 - Funding issues.
- E What are the most important indicators?
- F Priority groups - how are cases prioritised?
- G What helps to facilitate access in your local area? For example, agreed referral criteria, relationships between in-patient and community teams.
- H In your view, what are the barriers to accessing these services?
- I Are there any groups you feel have difficulties accessing these services even when in-patient care is deemed necessary? For example, dual diagnosis with substance misuse, young people that repeatedly self-harm etc.
- J How do referrers manage cases when an ‘appropriate’ referral does not result in an admission?

3. Possible alternatives-what is the ideal service model/s

- A Adult MHS model of care-local based beds with crisis resolution, assertive outreach, and home-based treatment teams.
- B Stresses, strains, and difficulties.
- C Policies /impact plus ability to influence /Children's NSF STANDARDS
- D Future - opportunities / threats

IN-DEPTH INTERVIEW TOPIC GUIDE

In-depth interview with young people / parents / carers

Instructions for the researcher:

- State the aims of the research (the focus is on the young person's experiences of mental health care over the past two years from the time they were referred for inpatient care) and state how the study will be reported.
- Emphasise confidentiality and its limits and offer an opportunity to ask us the researcher any questions before we begin again
- Check that they are ok with the interview being tape-recorded
- Remind them that they can withdraw their participation at any time, even after the interview is complete.

Note to interviewer: This is simply a draft guide on the type of areas that we aim to approach during the in-depth interviews with young people and their parents and carers. This guide is likely to change according to themes that emerge throughout the study and from the first few interviews conducted.

- **Account of contact with services before the referral for residential care.**
 - Ask them what led them to get help?
 - How was it discussed with you?
 - How did you feel about that?
 - How long did it take to access help? / When did you first come in contact with mental health services
 - What about before that-was anyone concerned about you (family/school)? What were the reasons for that first contact/seeking help?
 - Did you feel you needed help?
 - Who sought help?
- **Account of referral for residential care (referral to inpatient care).**
 - How was it suggested? Did anyone else help?
 - How did you feel about the referral? What did the referral mean to you? Were you happy with the decision to refer?
 - How were you involved in the treatment options offered?
 - What did you hope to get from the referral? What did you think would happen?
 - What happened when the referral was made?
 - What happened during your stay? How did you spend your day?
 - How do you feel looking back on this now?
- **Account of what's been happening since the referral was made (in the last two years)?**
 - What happened after the referral? What services did you have contact with?
 - What professionals were you seeing? Who did you see there?
 - How frequent has your contact been (from time of referral to present day)?

- **Transition to adult services (if applicable)**
 - How did you feel about leaving the CAMHS team
 - How was the transfer managed? Did you meet with staff from the adult team before you left the CAMHS team?

- **Views on treatment offered (ask about informal sources of help).**
 - What treatment/s were you offered?
 - How did you feel about the treatments offered?
 - How were these treatments discussed with you?
 - What was the most helpful aspect of the care you have received?
 - What was the most unhelpful aspect of the care you have received?

- **Relationships with professionals**
 - How did you feel about your relationship with the professionals you have had contact with?
 - Did you feel listened to?
 - What did you understand the professional's role to be?

- **Impact on health and lifestyle**
 - Has the care you have received helped or changed things? If so, how?
 - How did it affect different members of the family?

- **Person-specific questions**
 - Key demographics about age, accommodation status, ethnicity (from their own perspective rather than a professional).