



## **Questionnaire 1:**

### **Service Context**

**This questionnaire should be filled in ONCE by EVERY service providing or delivering NHS-funded psychological therapies for anxiety and/or depression in primary and/or secondary care.**

**For further help, please call the NAPT Project Team on**

**020 7977 4974**

## PART A: SERVICE IDENTIFIER

1. **Lead organisation code:**

2. **Service code:**

3. **Name of service:**

4. **Address of service:**

5. **Postcode:**

**PART B: CONTACT DETAILS**

**6. Name of contact person:**

**7. Telephone:**

**8. Fax:**

**9. Email address:**

**10. Opening hours of service:**

## PART C: SERVICE TYPE

**11.** Is your service an NHS-funded service whose primary function (or one of whose primary functions) is to provide psychological interventions for people with anxiety and depression?

Yes  Go to 12. No  Go to 11a.

**11a.** If 'no', does your service have a dedicated worker or dedicated workers (constituting at least 1 Whole Time Equivalent (WTE)), whose primary role is to provide NHS-funded psychological therapy for anxiety and depression within your wider service?

Yes  Go to 12. No  Go to 11b.

**11b.** If 'no', do you have NHS-funded workers in your service who, as part of their role, provide psychological therapy for anxiety and depression?

Yes  Go to 11c. No  See below

**11c.** If 'yes', do the number of people seen for anxiety and depression constitute more than 50% of the individual worker's caseload?

Yes  Go to 12. No  See below

**If 'no', your service might not be eligible to participate in the National Audit of Psychological Therapies for Anxiety and Depression. Please ring the NAPT Project Team to discuss: 020 7977 4974**

**12.** How many people deliver therapy for anxiety and depression?

Please include honorary staff and trainees.

**13.** How many Whole Time Equivalents (WTE) does that represent?

**14a.** Does your service have IAPT funding?

Fully IAPT funded  Partly IAPT funded  No IAPT funding

**14b.** What sector manages your service?

(Please tick all that apply)

NHS-managed  Voluntary sector  Private sector

**14c. What level of service is provided?**

Primary care       Secondary care       Mixture of primary and secondary care

**15. What therapeutic modalities are offered by your service for anxiety and depression?**  
Please indicate whether they are offered in a group or individual setting. Please tick ✓ all that apply.

**High Intensity Therapies**

	<i>Individual Therapy</i>	<i>Group Therapy</i>
Cognitive-behavioural therapy	<input type="checkbox"/>	<input type="checkbox"/>
Person-centred (or other humanistic) therapy	<input type="checkbox"/>	<input type="checkbox"/>
Solution-focused therapy	<input type="checkbox"/>	<input type="checkbox"/>
Psychodynamic/psychoanalytic therapy	<input type="checkbox"/>	<input type="checkbox"/>
Behavioural activation	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal therapy	<input type="checkbox"/>	<input type="checkbox"/>
Cognitive analytic therapy	<input type="checkbox"/>	<input type="checkbox"/>
Systemic/family therapy	<input type="checkbox"/>	<input type="checkbox"/>
Arts psychotherapies	<input type="checkbox"/>	<input type="checkbox"/>
Mindfulness-based cognitive therapy	<input type="checkbox"/>	<input type="checkbox"/>
Dialectical-behavioural therapy	<input type="checkbox"/>	<input type="checkbox"/>
Counselling	<input type="checkbox"/>	<input type="checkbox"/>
Eye movement desensitisation & reprocessing therapy	<input type="checkbox"/>	<input type="checkbox"/>
Problem-solving therapy	<input type="checkbox"/>	<input type="checkbox"/>
Couples therapy	<input type="checkbox"/>	<input type="checkbox"/>

## Low Intensity Therapies

	<i>Individual Therapy</i>	<i>Group Therapy</i>
computerised Cognitive-behavioural therapy - <b>FACILITATED</b>	<input type="checkbox"/>	<input type="checkbox"/>
Guided/facilitated self-help	<input type="checkbox"/>	<input type="checkbox"/>
Psycho-education	<input type="checkbox"/>	<input type="checkbox"/>
Pure self-help (e.g. books on prescription, unfacilitated cCBT via DVD, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Signposting/referral facilitation schemes	<input type="checkbox"/>	<input type="checkbox"/>
Structured exercise	<input type="checkbox"/>	<input type="checkbox"/>
Support and advice in adherence of antidepressant/GP-prescribed medication	<input type="checkbox"/>	<input type="checkbox"/>

## Other High/Low Intensity Therapy

*If Other High/Low Intensity Therapy, please provide details below. Please state whether it is individual or group therapy.*

### 16. What is the age range of patients that you generally see?

Working Age only (18-65)  Older People only (65+)  Both Working Age and Older People (18+)

### 17. Does your service provide access to therapy in another language than English?

	Yes	No
Through therapists	<input type="checkbox"/>	<input type="checkbox"/>
Through interpretation services	<input type="checkbox"/>	<input type="checkbox"/>

**\*\* This is the end of the questionnaire\*\***

**Thank you for completing it.**

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