

6. Were psychotropic medications prescribed for the young person for these subsequent episodes?

Yes No

If YES, please specify the medication(s)

.....

7. Have the prescribed medications changed since completing the first questionnaire?

Yes No

young person no longer prescribed medication

young person never prescribed medication

If YES, please specify change of medication.....

.....

.....

8. Since completing the initial questionnaire, has the young person subsequently presented with features of the following mental health/developmental disorders? (Please tick all that apply)

Anxiety Disorder

ADHD

ASD

Conduct or oppositional defiant disorder

Tic Disorder

Substance use disorder (if yes please specify)

.....

Any other mental health/developmental disorder (please state):

.....

None of the above

9. Has the young person been discharged to Primary Care?

Yes No

10. Please indicate if any of the following psychological therapies were offered and whether they were accepted by the patient and/or parents/ care givers. (Please tick all that apply)

Psychological Therapy	Patient		Parents/caregivers	
	Accepted	Declined	Accepted	Declined
Psychoeducation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supportive counselling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxiety management e.g. relaxation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cognitive Behaviour Therapy	<input type="checkbox"/>	<input type="checkbox"/>		
Behaviour Therapy	<input type="checkbox"/>	<input type="checkbox"/>		
Psychodynamic Therapy	<input type="checkbox"/>	<input type="checkbox"/>		
Interpersonal Therapy (including social rhythm therapy IPSRT)	<input type="checkbox"/>	<input type="checkbox"/>		

Any other psychological therapy not mentioned (please state):

.....

11. Please indicate which of the following health professionals, services, or agencies provided care for this young person since receiving a diagnosis of Bipolar Disorder? (Please tick all that apply)

- Child Psychiatrist
- Clinical Psychologist
- General Practitioner
- Paediatrician
- Adult Psychiatrist
- Early Intervention in Psychosis (EIP) Service
- Educational Psychologist
- Social worker
- Nurse
- Occupational Therapist
- Family Therapist
- Special Education Provision
- School counsellor
- Non-statutory agencies
- Charity self-help and/or websites
- Police/Youth Offending Team

Any other professional or agency not yet mentioned:

Please return this questionnaire using the SAE provided
Thank you for your help with this research project.

capss



CHILD & ADOLESCENT PSYCHIATRY SURVEILLANCE SYSTEM

STRICTLY CONFIDENTIAL

Study No

CAPSS No

Follow - up
Questionnaire

Surveillance of Paediatric Bipolar Disorder in the UK and ROI (SPBD-UK & ROI)

Child and Adolescent Psychiatric Surveillance System – CAPSS

Surveillance Case Definition

Bipolar Disorder is a disturbance of mood characterised by **ONE** episode of euphoric or expansive mood, (this might include irritability) present for at least 7 days (less if hospitalised) that is sufficiently severe to cause impairment in social functioning. (The case definition is based on the DSM-IV criteria as modified by NICE).

This page will be detached and destroyed by the research team upon receipt and data entry. (This study has been approved by the Charing Cross REC (09/H0711\28) and has been granted NIGB Section 251 support to process patient identifiable information without consent).

For further information or queries, please contact: Dr Adi Sharma

Please return completed form in the pre-paid envelope to: Dr Adi Sharma
Academic Child and Adolescent Mental Health, Newcastle University, 3rd
Floor, Sir James Spence Institute, Royal Victoria Infirmary, Newcastle
Upon Tyne, NE1 4LP
Mobile 0790 080 6264, e-mail: SPBD-UK.ROI@ncl.ac.uk
Version 4.7 May 2009



Northumberland, Tyne and Wear NHS
NHS Trust

General Information

Hospital or CAMH Service:.....

Consultant responsible for diagnosis of reported case:

Person completing Questionnaire: (if different).....

Contact Telephone Number:

Contact Email :

Patient details:

1.1. Patient NHS Number (if applicable).....

1.2. Date of Birth (dd/mm/yy): / /

1.3. Gender (please circle): Male / Female

1.4. Post-code (first part only, if applicable):

Date young person presented with suspected Bipolar Disorder: / /

Date of diagnosis of Bipolar Disorder: / /

Date form completed: / /

Patient ethnicity (please tick):

WHITE: British Irish Other (describe below)

BLACK: African Caribbean Other (describe below)

MIXED: White and Black Caribbean White and Black African White and Asian Other (describe below)

ASIAN: Bangladeshi Indian Pakistani Other (describe below)

CHINESE Chinese: OTHER: Other (describe below)

If "Other" chosen, please describe:

.....

Index Episode

1. How long in total did the young person require treatment for the first episode of Bipolar Disorder?

Inpatient/daypatient Number of weeks N/A

Outpatient Number of weeks

2. Has the young person experienced any of the following life stresses/events in the year prior to the onset of Bipolar Disorder?

(Please tick any that apply)

Parental separation

Death of a relative or friend

Bullying requiring school action

Abuse requiring Social Services referral

Hospital admission of a parent or sibling

School examination e.g. SATS, GCSE

Break-up with a best friend

Long haul flight/foreign travel

None of the above

Any other stress considered significant (please state):

Follow up

3. Since completing the initial questionnaire, has the young person had another episode of mood disorder?

Yes if YES please specify below

No **SKIP to Question 7**

Mania Number of episodes

Hypomania Number of episodes

Depressed Number of episodes

Mixed Number of episodes

4. Were there any psychotic features present?

Yes No

If **Yes** were they mood-congruent or incongruent?

congruent incongruent?

5. Did the young person require admission to hospital (inpatient/daypatient) for the management of these subsequent episodes?

Yes, voluntary admission

Yes, detained under relevant mental health law

No

If **YES**, for how many episodes was this needed and what was the total duration of inpatient/daypatient admission ?

Number of episodes

Total admission duration in weeks

If **NO** what was the total duration of outpatient treatment and number of episodes

Number of episodes

Total outpatient duration in weeks