This Core Audit of Practice Tool reviews the assessment, care, treatment, and discharge for service users with a primary diagnosis of an anxiety and/or depressive disorder over a six-month period, beginning with their admission to an inpatient mental health service.

This tool has been developed to assess standards derived from national and professional guidance. A list of the NCAAD standards is available on the audit website (www.rcpsych.ac.uk/ncaad) and the Audit Implementation Guide.

When completing this tool, please keep the Core Audit of Practice Guidance to hand for reference.

Service User Inclusion Criteria:
- Admitted to an inpatient mental health service between 01 April 2017 and 30 September 2017;
- Aged 16 years or over (no upper age limit);
- Primary diagnosis of an anxiety and/or depressive disorder as identified using the ICD-10 coding at discharge.

Please note that service users with the following characteristics are EXCLUDED from the audit:
- Psychosis based diagnoses (incl. F32.3 Severe depressive disorder with psychotic symptoms);
- Bipolar affective disorder (F31), cyclothymia (F34.0) or mania (F30);
- Admitted to a forensic service or long stay ward such as a rehabilitation service.

A full list of eligible and excluded ICD-10 codes can be found in the appendices of the Core Audit of Practice Guidance.

Entering the Data
One Core Audit of Practice Tool should be completed for each service user.

Please note that all information entered should be based on the service user's clinical records/casenotes and NOT clinician knowledge.

Questions shaded in grey are not applicable to every service user. Please note the guidance at the beginning of the question to identify whether or not you need to complete the question.

If you have any issues or queries, please contact your local NCAAD Audit Lead or the NCAAD project team via email (ncaad@rcpsych.ac.uk) or telephone (020 3701 2649).
SERVICE USER INFORMATION

1  Age on admission

2  Gender
   ○ Male
   ○ Female
   ○ Non-binary/other
   ○ Unknown/not documented

3  Ethnicity
   ○ White British
   ○ White Irish
   ○ Any other white background
   ○ White and Black Caribbean
   ○ White and Black African
   ○ White and Asian
   ○ Any other mixed background
   ○ Indian
   ○ Pakistani
   ○ Bangladeshi
   ○ Any other Asian background
   ○ Caribbean
   ○ African
   ○ Any other Black background
   ○ Chinese
   ○ Any other ethnic group
   ○ Service user declined to answer
   ○ Unknown/not documented

4  Employment status at time of admission
   ○ Employed - less than 16 hours per week
   ○ Employed - 16 or more hours per week
   ○ Homemaker
     ○ Long-term sick leave/disabled and receiving incapacity benefit, income support etc.
   ○ Not receiving benefits and not working or actively seeking work
   ○ Retired
   ○ Student
   ○ Unemployed and seeking work
   ○ Unpaid voluntary work, who are not working or actively seeking work
   ○ Service user declined to answer
   ○ Unknown/not documented

5  Accommodation status at time of admission
   ○ Mainstream housing
   ○ Accommodation with criminal justice support
   ○ Accommodation with mental health care support
   ○ Accommodation with other (not specialist mental health) care support
   ○ Acute/long stay healthcare residential facility/hospital
   ○ Homeless
   ○ Sheltered housing
   ○ Other
   ○ Service user declined to answer
   ○ Unknown/not documented

6  Is there an identified family member, friend or carer, who is the main source of support for the service user?
   ○ Yes
   ○ No
Primary diagnosis/condition at discharge

Please select ONE only. The numbers in brackets relate to the associated ICD-10 diagnoses.

- Diagnosis unknown/not documented
- Mild depressive episode (F32.0)
- Moderate depressive episode (F32.1)
- Severe depressive episode without psychotic symptoms (F32.2)
- Other depressive episode (F32.8, F32.9)
- Recurrent depressive disorder, current episode mild (F33.0)
- Recurrent depressive disorder, current episode moderate (F33.1)
- Recurrent depressive disorder, current episode severe without psychotic symptoms (F33.2)
- Other recurrent depressive disorders (F33.8, F33.9)
- Dysthymia (F34.1)
- Other persistent mood [affective] disorders (F34.8, F34.9)
- Other mood [affective] disorders (F38)
- Agoraphobia (F40.0)
- Social phobias (F40.1)
- Other phobic anxiety disorders (F40.2, F40.8, F40.9)
- Panic disorder (F41.0)
- Generalized anxiety disorder (F41.1)
- Mixed anxiety and depressive disorder (F41.2)
- Other mixed anxiety disorders (F41.3)
- Other anxiety disorders (F41.8, F41.9)
- Obsessive-compulsive disorder (F42)
- Acute stress reaction (F43.0)
- Post-traumatic stress disorder (F43.1)
- Adjustment disorders (F43.2)
- Other reactions to severe stress (F43.8, F43.9)

Additional diagnoses/conditions at discharge

Please select ALL that apply. The numbers in brackets relate to the associated ICD-10 diagnoses.

*Items in red include diagnoses which may be excluded from the audit - please check Appendix 2: EXCLUDED ICD-10 Codes in the guidance document to ensure the service user is eligible.

- Diagnoses unknown/not documented
- Organic, including symptomatic, mental disorders (F00 - F09)
- Mental and behavioural disorders due to psychoactive substance use (F10 - F19)
- Schizophrenia, schizotypal and delusional disorders (F20 - F29)
- Mood [affective] disorders (F30 - F39)
- Neurotic, stress-related and somatoform disorders (F40 - F48)
  - Behavioural syndromes associated with physiological disturbances and physical factors (F50 - F59)
- Disorders of adult personality and behaviour (F60 - F69)
- Mental retardation [learning disabilities] (F70 - F79)
- Disorders of psychological development (F80 - F89)
  - Behavioural and emotional disorders with onset usually occurring in childhood and adolescence (F90 - F98)
- Unspecified mental disorder (F99)
- Long term physical health disorder (e.g. motor neuron disease, multiple sclerosis, COPD)
ADMISSION

9 Date and time hospital was notified of need for a bed
   ○ Unknown/not documented
   Date (DD/MM/YYYY)
   Time (HH:MM, 24hr)

10 Date of admission (DD/MM/YYYY)

11 Time of admission
   ○ Unknown/not documented
   (HH:MM, 24hr)

12 Type of admission
   ○ Planned
   ○ Transfer from acute hospital service
   ○ Emergency via Crisis Resolution/Home Treatment Team (CRHT)
   ○ Admitted via Section 136/135 from a Health Based Place of Safety (HBPoS)
   ○ Emergency via Emergency Department
   ○ Police custody
   ○ Emergency via Community CAMHS or Community Mental Health Team (CMHT)
   ○ Unknown/not documented
   ○ Transfer from another inpatient mental health service
   ○ Other

If 'Other', please state:

13 Was the admission voluntary?
   ○ Yes
   ○ No - Service user was admitted under the Mental Health Act

14 [ONLY ANSWER IF THE SERVICE USER WAS ADMITTED UNDER THE MENTAL HEALTH ACT] Mental Health Act classification
   ○ Section 2: Admission to hospital for assessment
   ○ Section 35: Accused person remanded to hospital for a report
   ○ Section 3: Admission to hospital for treatment
   ○ Section 36: Accused person remanded to hospital for treatment
   ○ Section 4: Admission for assessment in an emergency
   ○ Other
### ASSESSMENT

Please answer the following questions based on all the information in the service user's casenotes until the point of discharge from the inpatient service

15 Did the assessment include details about the service user's past response to treatment?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

16 Did the assessment include information about the service user's difficulties in relation to their:

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment and/or education</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Financial situation</td>
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<tr>
<td>Social situation</td>
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<td></td>
</tr>
</tbody>
</table>

17 Did the assessment include information about the service user's dependents (e.g. children, elderly relatives etc.)?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A - This was considered and not applicable to the service user</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

18 Did the assessment consider whether the service user had a history of trauma?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A - This was considered and not applicable to the service user</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

19 **[ONLY ANSWER IF THE SERVICE USER HAS AN IDENTIFIED FAMILY MEMBER, FRIEND OR CARER]** Was the identified family member, friend or carer provided with information about available support services and/or a support plan?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

20 **[ONLY ANSWER IF THE SERVICE USER HAS AN IDENTIFIED FAMILY MEMBER, FRIEND OR CARER]** Was the identified family member, friend or carer offered a carer’s assessment?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td></td>
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</tbody>
</table>
**CARE PLANNING**

Please answer the following questions based on all the information in the service user's casenotes until the point of discharge from the inpatient service.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>21  Did the service user have a care plan?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22  [ONLY ANSWER IF THE SERVICE USER HAS A CARE PLAN] Is there evidence that the care plan was jointly developed between the service user and clinician?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23  [ONLY ANSWER IF THE SERVICE USER HAS A CARE PLAN] Was the service user given a copy of their care plan?</td>
<td></td>
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<tr>
<td>24  [ONLY ANSWER IF THE SERVICE USER HAS A CARE PLAN] Did the care plan include an agreed date for a review?</td>
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</tbody>
</table>
Please answer the following questions based on all the information in the service user's casenotes until the point of discharge from the inpatient service.

25 Was the service user being prescribed psychotropic medication at the point of discharge?

- [ ] Yes
- [ ] No

[ONLY ANSWER IF THE SERVICE USER WAS BEING PRESCRIBED PSYCHOTROPIC MEDICATION] Please specify the DAILY/PRN dosage for ALL psychotropic medication being prescribed at the point of discharge:

*Please complete only the relevant fields. You can leave the rest blank.*

<table>
<thead>
<tr>
<th>Antidepressants</th>
<th>Regular DAILY Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agomelatine (mg)</td>
<td></td>
</tr>
<tr>
<td>Amitriptyline hydrochloride (mg)</td>
<td></td>
</tr>
<tr>
<td>Buspirone hydrochloride (mg)</td>
<td></td>
</tr>
<tr>
<td>Bupropion hydrochloride (mg)</td>
<td></td>
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<tr>
<td>Citalopram (mg)</td>
<td></td>
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<tr>
<td>Clomipramine hydrochloride (mg)</td>
<td></td>
</tr>
<tr>
<td>Dosulepin hydrochloride (mg)</td>
<td></td>
</tr>
<tr>
<td>Doxepin (mg)</td>
<td></td>
</tr>
<tr>
<td>Duloxetine (mg)</td>
<td></td>
</tr>
<tr>
<td>Escitalopram (mg)</td>
<td></td>
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<tr>
<td>Fluoxetine (mg)</td>
<td></td>
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<tr>
<td>Fluvoxamine maleate (mg)</td>
<td></td>
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<tr>
<td>Imipramine hydrochloride (mg)</td>
<td></td>
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<tr>
<td>Isocarboxazid (mg)</td>
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<tr>
<td>Mianserin hydrochloride (mg)</td>
<td></td>
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<tr>
<td>Mirtazapine (mg)</td>
<td></td>
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<tr>
<td>Moclobemide (mg)</td>
<td></td>
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<tr>
<td>Nortriptyline (mg)</td>
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<tr>
<td>Paroxetine (mg)</td>
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<tr>
<td>Phenelzine (mg)</td>
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<tr>
<td>Reboxetine (mg)</td>
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<tr>
<td>Sertraline (mg)</td>
<td></td>
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<tr>
<td>Tranylcypromine (mg)</td>
<td></td>
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<tr>
<td>Trazodone hydrochloride (mg)</td>
<td>Trimipramine (mg)</td>
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</tbody>
</table>

### Hypnotics and Anxiolytics

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Regular DAILY Dosage</th>
<th>PRN Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alprazolam (mg)</td>
<td></td>
<td></td>
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<tr>
<td>Chlordiazepoxide hydrochloride (mg)</td>
<td></td>
<td></td>
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<tr>
<td>Clomethiazole (Chlormethiazole) (mg)</td>
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<tr>
<td>Clonazepam (mg)</td>
<td></td>
<td></td>
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<tr>
<td>Diazepam (mg)</td>
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<tr>
<td>Flurazepam (mg)</td>
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<td>Loprazolam (mg)</td>
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<td>Lorazepam (mg)</td>
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<tr>
<td>Lormetazepam (mg)</td>
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<tr>
<td>Melatonin (mg)</td>
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<tr>
<td>Meprobamate (mg)</td>
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<tr>
<td>Nitrazepam (mg)</td>
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<tr>
<td>Oxazepam (mg)</td>
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<tr>
<td>Promethazine (mg)</td>
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<tr>
<td>Temazepam (mg)</td>
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<tr>
<td>Zolpidem tartrate (mg)</td>
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<tr>
<td>Zopiclone (mg)</td>
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<tr>
<td>Antipsychotics</td>
<td>Regular DAILY Dosage</td>
<td>PRN Dosage</td>
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<tr>
<td>Amisulpride (mg)</td>
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<tr>
<td>Aripiprazole (mg)</td>
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<tr>
<td>Asenapine (mg)</td>
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<tr>
<td>Benperidol (mg)</td>
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<tr>
<td>Chlorpromazine hydrochloride (mg)</td>
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<td>Clozapine (mg)</td>
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<tr>
<td>Flupenthixol (mg)</td>
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<tr>
<td>Haloperidol (mg)</td>
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<tr>
<td>Levomepromazine (Methotrimeprazine) (mg)</td>
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<td></td>
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<tr>
<td>Lurasidone hydrochloride (mg)</td>
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<tr>
<td>Olanzapine (mg)</td>
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<tr>
<td>Paliperidone (mg)</td>
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<td>Pericyazine (mg)</td>
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<td>Perphenazine (mg)</td>
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<tr>
<td>Prochlorperazine (mg)</td>
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<tr>
<td>Promazine hydrochloride (mg)</td>
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<tr>
<td>Quetiapine (mg)</td>
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<tr>
<td>Risperidone (mg)</td>
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<tr>
<td>Sulpiride (mg)</td>
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<tr>
<td>Trifluoperazine (mg)</td>
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<tr>
<td>Zuclopenthixol (mg)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medication Name</td>
<td>Regular DAILY Dosage (mg)</td>
<td>PRN (mg)</td>
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<td>----------------</td>
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</tr>
<tr>
<td>Pregabalin (mg)</td>
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<tr>
<td>Lithium (mg)</td>
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<tr>
<td>Gabapentin (mg)</td>
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<td>[ ]</td>
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<tr>
<td>Lamotrigine (mg)</td>
<td>[ ]</td>
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</tbody>
</table>

26 **[ONLY ANSWER IF THE SERVICE USER WAS BEING PRESCRIBED PSYCHOTROPIC MEDICATION]** Was the service user given verbal and/or written information about their medication prior to discharge?

- [ ] Yes
- [x] No

27 **[ONLY ANSWER IF THE SERVICE USER WAS BEING PRESCRIBED PSYCHOTROPIC MEDICATION]** Did a review of the service user's medication(s) take place prior to discharge?

- [ ] Yes
- [ ] No

- [ ] N/A - service user has NOT been discharged

*If 'Yes': Did the review include the following:*

*Please select ALL that apply*

- [ ] Response to medication
- [ ] Side effects of medication
- [ ] Unknown/not documented
### PSYCHOLOGICAL THERAPIES

<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
</tr>
</thead>
</table>
| 28 Was the service user referred to psychological therapy?                                                                                                                                             | Yes  
No  
Unknown/not documented                                                                                                                 |
| **If 'Yes' and this information is available, please state:**                                                                                                                                         | Date of referral (DD/MM/YYYY)  
Date of assessment (DD/MM/YYYY)                                                                                                           |
| 29 [ONLY ANSWER IF THE SERVICE USER WAS REFERRED TO PSYCHOLOGICAL THERAPY] Which type(s) of psychological therapy was the service user referred to? | Please select ALL that apply  
- Individual therapy  
- Group/family/couples therapy                                                                                                             |
| 30 [ONLY ANSWER IF THE SERVICE USER WAS REFERRED TO INDIVIDUAL THERAPY] Who was the referral for individual psychological therapy made to?                                                              | Private  
NHS secondary care  
Other  
Third sector  
IAPT                                                                                                                                   |
| 31 [ONLY ANSWER IF THE SERVICE USER WAS REFERRED TO INDIVIDUAL THERAPY] Has the service user started individual psychological therapy?                                                                    | Yes  
No  
Unknown/not documented                                                                                                                  |
| **If 'Yes', please state:** Date of first session (DD/MM/YYYY)                                                                                                                                       |                                                                                                   |
| 32 [ONLY ANSWER IF THE SERVICE USER HAS NOT STARTED INDIVIDUAL THERAPY] Please select the reason why individual psychological therapy has not yet started                                                 | Service user is on waiting list  
Service user chose not to participate  
Service user is not currently able to participate  
Unknown/not documented  
Other                                                                                                                                   |
| **If 'Other', please state:**                                                                                                                                                                |                                                                                                   |
33 [ONLY ANSWER IF THE SERVICE USER HAS STARTED INDIVIDUAL THERAPY] Which **individual** psychological therapy has the service user received? 
*Please select ALL that apply*

- Acceptance and Commitment Therapy (ACT)
- Applied Relaxation
- Arts Psychotherapies (e.g. Art, music, movement)
- Behavioural Activation
- Cognitive Analytic Therapy (CAT)
- Cognitive Behavioural Therapy (CBT)
- Compassion Focused Therapy
- Counselling
- Dialectical Behavioural Therapy (DBT)
- Dynamic Interpersonal Therapy (DIT)
- Eye Movement Desensitisation and Reprocessing (EMDR)
- Guided/Supported Self-help
- Humanistic/Person Centred Therapy
- Integrative Psychotherapy
- Interpersonal Psychotherapy (IPT)
- Mentalisation Based Therapy (MBT)
- Mindfulness
- Mindfulness Based Cognitive Therapy (MBCT)
- Narrative Exposure Therapy (NET)
- Problem Solving Therapy
- Short-term Psychodynamic/Psychoanalytic Psychotherapy
- Solution-Focussed Therapy
- Systemic Therapy
- Other

*If 'Other', please state:*

34 [ONLY ANSWER IF THE SERVICE USER WAS REFERRED TO GROUP/FAMILY/COUPLES THERAPY] Has the service user started group/family/couples therapy? 

- Yes
- Unknown/not documented
- No

*If 'Yes', please state: Date of first session (DD/MM/YYYY) *

35 [ONLY ANSWER IF THE SERVICE USER HAS NOT STARTED GROUP/FAMILY/COUPLES THERAPY] Please select the reason why group/family/couples therapy has not yet started

- Service user on waiting list
- Service user chose not to participate
- Service user is not currently able to participate
- Unknown/not documented
- Other

*If 'Other', please state: *
Which group/family/couples therapy has the service user received?

Please select ALL that apply

- Applied Relaxation
- Arts Psychotherapies (e.g. Art, music, movement)
- Behavioural Couples Therapy
- Cognitive Analytic Therapy (CAT)
- Cognitive Behavioural Therapy (CBT)
- Compassion Focussed Therapy
- Counselling
- Dialectical Behavioural Therapy (DBT)
- Dynamic Interpersonal Therapy (DIT)
- Humanistic/Person-Centred Therapy
- Integrative Psychotherapy
- Interpersonal Psychotherapy (IPT)
- Mentalisation Based Therapy (MBT)
- Mindfulness
- Mindfulness Based Cognitive Therapy (MBCT)
- Problem Solving Therapy
- Psycho-Education
- Short-term Psychodynamic/Psychoanalytic Psychotherapy
- Solution-Focussed Therapy
- Systemic Therapy
- Other

If 'Other', please state:
## PHYSICAL HEALTH

### 37 Current/most recent BMI
- Documented evidence of refusal to be weighed/measured
- Unknown/not documented

**BMI (Kg/m² [NN.N]):**

### 38 Current/most recent blood pressure
- Recorded
- Unknown/not documented

*If 'Recorded', please state:*
- Systolic blood pressure (mmHg [NNN])
- Diastolic blood pressure (mmHg [NNN])

### 39 Current/most recent glucose level
- Recorded
- Unknown/not documented

*If 'Recorded', please state:*
- Fasting Plasma Glucose (mmol/l [N.N])
- Glycated Haemoglobin (HbA1c; mmol/l [N.N])
- Random Plasma Glucose (mmol/l [N.N])

### 40 Current/most recent cholesterol level
- Recorded
- Unknown/not documented

*If 'Recorded', please state:*
- Total cholesterol (mmol/l [N.N])
- Non-HDL cholesterol (mmol/l [N.N])
- QRISK®2 (%) [N.N]

### 41 Smoking status at the point of admission
- Current smoker
- Ex-smoker
- Never smoked
- Service user declined to answer

*If 'Current smoker', please state: Number of cigarettes smoked per day*
42 Alcohol intake at the point of admission
- Recorded
- Service user does NOT drink
- Service user declined to answer
- Unknown/not documented

If 'Recorded', please state: Number of units consumed per week

43 Was the service user identified as misusing alcohol/drugs at the point of admission?
- Yes
- No
- Unknown/not documented

44 Which of the following interventions were offered prior to discharge:
Please select ALL that apply
- Advice about diet and exercise
- Help with smoking cessation
- Help reducing alcohol consumption
- Help with substance misuse
- Treatment for cardiovascular disease
- Treatment for diabetes
- None of the above
- N/A - service user has NOT been discharged
**DISCHARGE**

45. Was the service user discharged from inpatient services during the audit period?
   - Yes
   - No

*If 'Yes', please state:*

- Date of discharge (DD/MM/YYYY)
- Time of discharge (HH:MM, 24hr)

46. **[ONLY ANSWER IF THE SERVICE USER HAS BEEN DISCHARGED]** Was the service user given at least 24 hours notice of discharge?
   - Yes
   - No

47. **[ONLY ANSWER IF THE SERVICE USER HAS AN IDENTIFIED FAMILY MEMBER, FRIEND OR CARER AND HAS BEEN DISCHARGED]** Was the identified family, friend or carer given at least 24 hours notice of discharge?
   - Yes
   - No

48. **[ONLY ANSWER IF THE SERVICE USER HAS BEEN DISCHARGED]** At discharge, was the service user given to take home (TTOs) medication?
   - Yes
   - No
   - Unknown/not documented

*If 'Yes’, please state:*

- Number of days the TTOs were prescribed for

49. **[ONLY ANSWER IF THE SERVICE USER HAS BEEN DISCHARGED AND WAS BEING PRESCRIBED PSYCHOTROPIC MEDICATION]** Did a review of the service user's medication(s) take place between discharge and the end of the audit period?
   - Yes
   - Unknown/not documented

*If 'Yes': Did the review include the following:*

- Response to medication
- Side effects of medication
- Unknown/not documented

50. **[ONLY ANSWER IF THE SERVICE USER HAS BEEN DISCHARGED]** Was a discharge letter sent to the service user’s GP?
   - Yes
   - Service user does NOT have a GP
   - Unknown/not documented

*If 'Yes’, please state:*

- Date discharge letter sent to GP (DD/MM/YYYY)
51 **[ONLY ANSWER IF THE SERVICE USER HAS BEEN DISCHARGED]** Did the discharge letter include the following:  
*Please select ALL that apply*

- [ ] Contact details for the service/team responsible for the service user's care
- [ ] Medications including dosage and frequency
- [ ] Risk to and from self, others, neglect etc.
- [ ] Unknown/not documented

52 **[ONLY ANSWER IF THE SERVICE USER HAS BEEN DISCHARGED]** Was a care plan sent to a nominated person in an accepting service?  
- [ ] Yes
- [ ] No
- [ ] Unknown/not documented

*If 'Yes', please state: Date care plan sent to nominated person (DD/MM/YYYY)*
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was the service user re-admitted to hospital between discharge and the end of the audit period?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

*If ‘Yes’, please state: Number of re-admissions*
### Follow-up Process

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>54</strong> [ONLY ANSWER IF THE SERVICE USER HAS BEEN DISCHARGED] Did the service user receive follow-up after discharge?</td>
<td>Yes, No, Unknown/not documented</td>
</tr>
<tr>
<td>If 'Yes' and this information is available, please state:</td>
<td></td>
</tr>
<tr>
<td>Date of follow-up (DD/MM/YYYY)</td>
<td></td>
</tr>
<tr>
<td>Time of follow-up (HH:MM, 24hr)</td>
<td></td>
</tr>
<tr>
<td><strong>55</strong> [ONLY ANSWER IF THE SERVICE USER HAS RECEIVED FOLLOW-UP AFTER DISCHARGE] What was the mode of contact for the follow-up?</td>
<td>Face-to-face, Telephone</td>
</tr>
</tbody>
</table>
Did the service user have a crisis plan at the point of discharge?

- [ ] Yes
- [ ] No
### OUTCOME MEASURES

57. **[ONLY ANSWER IF THE SERVICE USER IS AGED UNDER 18]** Was a Children's Global Assessment Scale (CGAS) completed?

- [ ] Yes
- [ ] No

*If 'Yes', please state: CGAS score*

58. **[ONLY ANSWER IF THE SERVICE USER IS AGED 18 AND OVER]** Was a Health of the Nation Outcomes Scale (HoNOS) completed?

- [ ] Yes
- [ ] No

59. Were there any other outcome measures completed?

- [ ] Yes
- [ ] No

*If 'Yes', please state: Outcome measure(s) completed*

#### Other Outcome Measures

- Beck Depression Inventory (BDI)
- BDD Dimensional Scale (BDD-D)
- Centre for Epidemiological Studies-Depression Scale (CES-D)
- Clinician-administered PTSD Scale for DSM-5 (CAPS-5)
- Clinical Outcomes in Routine Evaluation (CORE-10)
- Clinical Outcomes in Routine Evaluation - Outcome Measure (CORE-OM)
- DIALOG
- Generalised Anxiety Disorder Assessment (GAD-7)
- General Health Questionnaire (GHQ)
- Geriatric Depression Scale (GDS)
- Hamilton Anxiety Rating Scale
- Hamilton Depression Rating Scale
- Hospital Anxiety and Depression Scale (HADS)
- Impact of Events Scale-revised (IES-R)
- Inventory of Interpersonal Problems (IIP)
- Liebowitz Social Anxiety Scale (LSAS)
- Major Depression Inventory (MDI)
- Montgomery-Asberg Depression Rating Scale (MADRS)
- Obsessive-Compulsive Inventory (OCI)
- Panic and Agoraphobia Scale (PAS)
- Panic Disorder Severity Scale (PDSS)
- Patient Health Questionnaire-9 (PHQ-9)
- Questionnaire about Process of Recovery (QPR)
- Social Phobia Inventory (SPIN)
- The Appearance Anxiety Inventory (AAI)
- The Brown Assessment of Beliefs Scale (BABS)
- The Body Image Quality of Life Inventory (BIQLI)
- The Body Image Disturbance Questionnaire (BIDQ)
- The Cosmetic Procedure Screening Scale (COPS)
- The Dysmorphic Concern Questionnaire (DCQ)
- Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)
- Work and Social Adjustment Scale (WSAS)
- Yale-Brown Obsessive Compulsive Scale (Y-BOCS)
- Yale Brown Obsessive Compulsive Scale Modified for BDD (BDD-YBOCS)
- Zung’s Self-rating Depression Scale
- Other
[ONLY ANSWER IF ANOTHER OUTCOME MEASURE WAS COMPLETED AND THE SERVICE USER IS AGED UNDER 18] Which of the following outcome measures were completed:

Please select ALL that apply

- Beck Youth Inventory - Anxiety (BYI-2)
- Beck Youth Inventory - Depression (BYI-2)
- Children’s Obsessive Compulsive Inventory – Revised (ChOCI-R) – Child
- Children’s Obsessive Compulsive Inventory – Revised (ChOCI-R) – Parent
- Child PTSD Symptom Scale (CPSS)
- Children’s Revised Impact of Events Scale (CRIES)
- Children’s Yale-Brown Obsessive Compulsive Scale (CY-BOCS)
- Mood and Feelings Questionnaire (CAMHS)
- Penn State Worry Questionnaire - Children (PSWQ-C)
- Post-Traumatic Cognitions Inventory – Child Version (cPTCI)
- Revised Children’s Anxiety and Depression Scale (RADS) - Child
- Revised Children’s Anxiety and Depression Scale (RADS) - Parent
- Screen for Child Anxiety Related Disorders (SCARED) - Child
- Screen for Child Anxiety Related Disorders (SCARED) - Parent
- Strengths and Difficulties Questionnaire (SDQ) – Child
- Strengths and Difficulties Questionnaire (SDQ) – Parent
- Strengths and Difficulties Questionnaire (SDQ) – Teacher
- Other
This service user is NOT eligible for inclusion in this audit

Please go back and select the next service user on your list
Thank you for participating in the NCAAD Pilot Audit

Please use the button below to submit your data

You will NOT be able to make any changes after submitting, so please ensure you have double checked your data