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| **NCAP EIP Audit 2023** |
| **Contextual audit tool** |
|  |
| **Notes for completion** |

**Please complete one contextual data questionnaire per Early Intervention in Psychosis (EIP) team.** The questionnaire should be completed in a team meeting where staff can discuss responses.

**How to complete this audit form**

Please refer to the ‘NCAP Audit Tool Guidance’ document for information on how to complete this questionnaire, including definitions and guidance for each item.

This contextual data questionnaire is accompanied by an audit of casenotes. All data must be collected by **28/02/2023** and submitted online by **31/03/2023**. Please contact your local audit lead if you are unsure how this is being managed in your Trust/Organisation.

**Further assistance and information**   
If you require any further assistance, please contact the NCAP project team on [NCAP@rcpsych.ac.uk](mailto:NCAP@rcpsych.ac.uk)

**All questions in this tool are mandatory.**

**All responses should be completed for your individual EIP team and not for a wider service or the Trust/Organisation as a whole.**

**Service Set Up**

**What EI service is provided for these age ranges?**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | *Stand-alone  multidisciplinary EIP team* | | | *Hub and spoke model* | | | *EI function integrated into a community mental health team* | | | *No EI service* | | |
| ***1.4*** *Ages 18-35* |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | | |  | | |  | | |  | | |
| ***1.5*** *Ages 36 and over* |  |  |  |  |  |  |  |  |  |  |  |  |

**Is this service able to provide Cognitive Behavioural Therapy (CBT) for**

**At-Risk Mental State (ARMS):**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | *Within the team* | | | *Elsewhere (e.g. referral to IAPT)* | | | *Not at all* | | | *Separate team providing ARMS assessment and intervention* | | |
| ***1.6*** *Under 18’s* |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | | |  | | |  | | |  |  |  |
| ***1.7*** *Ages 18-35* |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| ***1.8*** *Age 36 and over* |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | | |  | | |  | | |  |  |  |

***Provision for Children and Young People***

**2.1 Please select one option that best describes the main model of provision for children and young people (CYP) with first episode psychosis (under 18) in your locality.**

|  |  |
| --- | --- |
|  | *Specialist CYP EIP practitioners (i.e. with specific EI training, support and supervision) embedded within CYP mental health services (e.g. hub & spoke model)* |
|  | *Specialist CYP EIP team* |
|  | *Adult and young people’s EIP service with staff that have expertise in CYP mental health (e.g. joint appointment or specific training and experience supported by ongoing CYPMH supervision)* |
|  | *Adult EIP service with joint protocols (i.e. for case consultation, supervision, training and joint/second opinion assessments) with CYP mental health services* |
|  | *Other – please specify* |
|  | *No EIP team CYP provision for under 18 years* |

**2.2 Is there a shared care protocol between the EIP team and the CYPMH service?**

|  |  |
| --- | --- |
|  | *Yes* |
|  |  |
|  | *No* |

**2.3 Are joint or reciprocal training events arranged at least annually between the CYPMH and EIP teams?**

|  |  |
| --- | --- |
|  | *Yes* |
|  |  |
|  | *No* |

**2.4 How is medication managed for CYP?**

*Select one option that best describes the main model for medication management for CYP with first episode psychosis (under 18) in your locality.*

|  |  |
| --- | --- |
|  | *CYP team prescribers with specific EI training and experience prescribe for CYP* |
|  | *CYP team prescribers advise and support EIP team prescribing for CYP* |
|  | *CYP team prescribers do not have specific EI prescribing training and experience and do not have a protocol or routine access to specialist EI prescribing advice* |
|  | *EIP team prescribers with specific CYP training and experience prescribe for CYP* |
|  | *EIP team prescribers advise and support CYPMH team prescribing for CYP* |
|  | *EIP team prescribers do not have specific CYP prescribing training and experience and do not have a protocol or routine access to specialist CYP prescribing advice* |

**2.5 Are the following provisions from appropriately trained practitioners available for CYP, aged 14-17 years, with early onset psychosis and who provides it?** *(Select all that apply)*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | *Provided by CYPMHS* | | | *Provided by EIP* | | | *Provided by CMHT* | | | *Provided by Other* | | | *No CYP provision* | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ***2.5.1*** *Cognitive Behavioural Therapy* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| *for Psychosis (CBTp)* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ***2.5.2*** *Family Intervention* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**2.6 Are there care co-ordinators specifically for CYP under 18?** *(select all that apply)*

|  |  |
| --- | --- |
|  | *Yes, within EIP team* |
|  |  |
|  | *Yes, within CYPMH team* |
|  |  |
|  | *No* |

**2.7 Are there staff trained who can identify and support differential diagnosis and potential co-morbidities including neurodevelopmental disorders when working with young people with first episode of psychosis?**

|  |  |
| --- | --- |
|  | *Yes* |
|  |  |
|  | *No* |

**2.8 Are the staff working with young people with first episode psychosis are trained in child safeguarding procedures/guidance?**

|  |  |
| --- | --- |
|  | *Yes* |
|  |  |
|  | *No* |

**2.9 Are staff competent in enabling coproduction of an educational support plan that supports re/integration and/or access to education to enable all young people with first episode psychosis to access and participate in education and/or training activities?**

|  |  |
| --- | --- |
|  | *Yes* |
|  |  |
|  | *No* |

**END OF CONTEXTUAL DATA QUESTIONNAIRE  
Thank you for completing this form for your team**