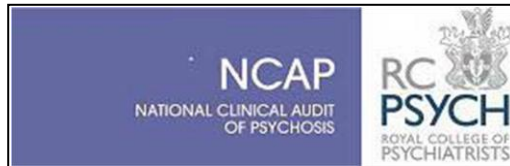


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# NCAP EIP Spotlight Audit 2018/19

## Contextual Data Questionnaire

### 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 'Guidance on the EIP Contextual Data Questionnaire' 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 case notes. All data must be collected and submitted online by **30/11/2018**. Please contact your local audit lead if you are unsure how this is being managed in your Trust/Organisation/Health Board.

**Further assistance and information**

If you require further assistance, please contact the NCAP project team on [NCAP@rcpsych.ac.uk](mailto:NCAP@rcpsych.ac.uk) or 0203 701 2602/2756 or visit our website at [www.rcpsych.ac.uk/NCAP](http://www.rcpsych.ac.uk/NCAP).

**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/Health Board as a whole.**

**Your local NCAP audit lead is:**

**The organisation ID for your local EIP team is:**

**Initials of data collector/clinician:**

**Clinical commissioning group (CCG) organisation name and code:**

**ODS provider code:**

## About your service

The following questions relate to your individual EIP team and should be completed to reflect your current service provision.

### Q1. Does this team routinely collect demographic data of those using mental health services, including the following protected characteristics:

Please tick if routinely collected:

Protected characteristic

Age

Disability

Gender reassignment

Marriage and civil partnership

Pregnancy and maternity

Race

Religion or belief

Sex

Sexual orientation

Other demographic data

Socioeconomic Status

Refugees/asylum seekers

Migrant workers

Homelessness

### Q2. Does the team, or the Mental Health Trust/Organisation/Health Board or CCG, have a written strategy/strategies to identify and address any mental health inequalities in access, experience and outcomes from using mental health services?

Yes

No

**Q2a. If yes, please send the strategy/strategies directly to the NCAP team at: [NCAP@rcpsych.ac.uk](mailto:NCAP@rcpsych.ac.uk).**

*Please note, if the team/Mental Health Trust/Organisation/Health Board or CCG has a broader strategy, please only include the relevant sections e.g. Mental Health section of the Joint Strategic Needs Assessment.*

**Q3. What EI service is provided for these age ranges?**

	<i>Stand-alone multidisciplinary EIP team</i>	<i>Hub and spoke model</i>	<i>EI function integrated into a community mental health team</i>	<i>No EI service</i>
<i>Under 18's</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Ages 18-35</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Ages 36 and over</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q4. What length of treatment package (in months) is the team commissioned to provide for these age ranges?**

**Under 18s**

**Age 18-35**

**Age 36 and over**

**Q5. Please select the option that best describes the model of provision for children and young people (CYP) in your team:**

*Specialist EIP team embedded within CYP mental health services*

*Specialist CYP EIP team*

*Adult EIP service with staff that have expertise in CYP mental health*

*Adult EIP service with joint protocols with CYP mental health services*

*No CYP provision*

*Other – please specify below*

**Q5a. Other model - please specify**

**Q6. How many whole time equivalent EIP care coordinators work for the service?**

**Q7. Has there been an increase in the number of staff posts in this service in the last 12 months?**

Yes

No

**Q8. 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

## Caseload

**Q9. What is the total caseload of the team?**

*Guidance: This includes people who have been accepted onto the caseload with First Episode Psychosis, At-Risk Mental State for Psychosis or for extended assessment.*

**Q10. How many people on the total caseload are in the following age ranges?**

*Guidance: the total of these responses must not exceed the total caseload*

	<i>First Episode Psychosis (FEP)</i>	<i>At-Risk Mental State (ARMS) for psychosis</i>	<i>Suspected FEP</i>
<i>Under 14</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Aged 14-17</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Aged 18-35</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Aged 36 and over</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Q11. Please state the length of treatment in months to the nearest month, of the last 10 service users with confirmed First Episode Psychosis who completed a package of care and were discharged from the team:**

Service user 1 (months)	<input type="text"/>
Service user 2 (months)	<input type="text"/>
Service user 3 (months)	<input type="text"/>
Service user 4 (months)	<input type="text"/>
Service user 5 (months)	<input type="text"/>
Service user 6 (months)	<input type="text"/>
Service user 7 (months)	<input type="text"/>
Service user 8 (months)	<input type="text"/>
Service user 9 (months)	<input type="text"/>
Service user 10 (months)	<input type="text"/>

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