**Text

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| **NCAP EIP Audit 2021/22** |
| **Contextual 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 ‘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 and submitted online by **30/11/2021**. 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

**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.**

**Local NCAP audit lead:**

**Organisation ID for your Trust (i.e. ORGXX):**

**Organisation ID for your local EIP team:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

**Initials of data collector/clinician:**

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

|  |  |  |
| --- | --- | --- |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

**ODS provider code:**

**About your service**

**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 characteristics

|  |  |
| --- | --- |
|  | *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* |
|  |  |
|  | *None of the above* |

**Q2. Does the team, or the Mental Health Trust/Organisation 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* |

### **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 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?**

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

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

*Under 18s: Ages 18-35: Age 36 and over:*

**Children and Young People**

**Q5. 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* |
|  |  |

**Other model, please specify:**

**Q6. Is there a shared care protocol between the EIP team and the CYPMH service?**

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

**Q7. Are joint or reciprocal training events arranged at least annually between the CYPMH and EIP teams?**

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

**Q8. 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* |
|  |  |

**Q9. Are the following provisions from appropriately trained practitioners available for CYP, aged 14-17 years, with early onset psychosis and who provides it?** *(tick all that apply)*

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

**About your service**

**Q10. How many whole time equivalent EIP care coordinators work for the service?**

**Q11. Are there care co-ordinators specifically for CYP under 18?** *(tick all that apply)*

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

**Q12.** **Has there been an increase in the number of staff posts in this service in the last 12 months?**

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

**Q13. 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* | | |
| *Under 18’s* |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | | |  | | |  | | |  |  |  |
| *Ages 18-35* |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| *Age 36 and over* |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | | |  | | |  | | |  |  |  |

**Caseload**

**Q14.** **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.*

**Q15.** **How many people on the total caseload are in the following age ranges?**

*Please note the total of these responses must not exceed the total caseload*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | *First Episode Psychosis (FEP)* | | | *At-Risk Mental State (ARMS) for psychosis* | | | | *Suspected FEP* | | |
| *Under 14* |  |  |  |  |  |  |  | |  |  |
|  |  | | |  | | |  | | | |
| *Aged 14-17* |  |  |  |  |  |  |  | |  |  |
|  |  | | |  | | |  | | | |
| *Aged 18-35* |  |  |  |  |  |  |  | |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Aged 36 and over* |  |  |  |  |  |  |  |  |  |

**Q16. 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)

Service user 2 (months)

Service user 3 (months)

Service user 4 (months)

Service user 5 (months)

Service user 6 (months)

Service user 7 (months)

Service user 8 (months)

Service user 9 (months)

Service user 10 (months)

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