

AD-CARE National ADU Survey

Thank you for participating in the AD-CARE National Survey of Acute Day Units. The information you provide will be extremely helpful in building a comprehensive picture of existing ADU provision across the country. Anonymised results will be shared with those who have taken part, and will be made available more widely via reports and journal articles.

If you have any questions while completing the questionnaire please contact Danielle Lamb on 020 7679 9048 or D.Lamb@UCL.ac.uk.

Location and contact details

Q1: What is the address for your service?

Q2: What is the phone number for your service?

Q3: What is the email address for your service? (Leave blank if your service has no email address)

Q4: If your service has a webpage please enter the URL below. (Leave blank if your service has no webpage)

Type of service

Q5: Is your service:

- Public sector - NHS Public sector - local authority Third sector / voluntary / charity
 Social enterprise Private Other

If you have chosen "other", please specify:

Funding

Q6: How is your service funded? (If your service is part of the NHS, please include the Clinical Commissioning Group that commissions your service)

Purpose of service

Q7: Please describe briefly the purpose of your service. (200 words max)

Record system

Note: if you have answered/chosen item [2, 3, 4, 5, 6] in question 5, skip the following question

Q8: Which record system do you use in your Trust? (e.g. RiO)

Co-location of services

Q9: Is your service co-located with any other mental health services?

Yes No

Note: if you have answered/chosen item [2] in question 9, skip the following question

Q10: Which services are you co-located with? (Please select all that apply)

- Acute inpatient ward
- Crisis Resolution and Home Treatment Team
- Crisis House
- Community Mental Health Team
- Other mental health service providing longer-term community care
- Other

If you have chosen "other", please specify:

Q11: Are there any joint management arrangements for your service? (E.g. Service Manager also manages the CRT or Crisis House)

Yes No Not applicable

Q12: Please explain the joint management structure for your service.

Q13: Are there any 'gatekeeping' arrangements for the places available in your service? For example, do you decide who is offered a place in your service, or does another team (e.g. the local Crisis Resolution and Home Treatment Team) offer places to people?

Q14: Can service users staying on acute wards use your service?

- Yes No Not applicable

Q15: Can service users on leave from acute wards use your service?

- Yes No Not applicable

Q16: Does your service facilitate early discharge from wards?

- Yes No Not applicable

Q17: Do you regularly manage service users' care in conjunction with other services? (E.g. having joint meetings with the service user and members of staff from another service, having joint management meetings with another service, etc.)

- Yes No Not applicable

If you have chosen "other", please specify:

Note: if you have answered/chosen at least one of the following items: [2, 3] in question 17, skip the following question

Q18: Which services do you regularly work with to manage service users' care?

- | | |
|--|---|
| <input type="checkbox"/> Community Mental Health Team | <input type="checkbox"/> Psychiatric Liaison Team |
| <input type="checkbox"/> Crisis Resolution and Home Treatment Team | <input type="checkbox"/> Crisis House |
| <input type="checkbox"/> Third sector organisations | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> Other | |

If you have chosen "other", please specify:

Note: if you have answered/chosen at least one of the following items: [2, 3] in question 17, skip the following question

Q19: Which of the following ways do you jointly manage service users' care with other services?

- Joint meetings with service users and staff from other services
 Joint management meetings with staff from other services
 Other

If you have chosen "other", please specify:

Q20: Is transport provided to help service users attend your service?

Yes No

Note: if you have answered/chosen item [2] in question 20, skip the following question

Q21: Please give details of the transport provided to service users to help them access your service.

Q22: Are you aware of any specific problems for service users accessing your service regarding the location?

Yes No

Note: if you have answered/chosen item [2] in question 22, skip the following question

Q23: Please give details of the specific problems service users face in accessing your service regarding the location.

Interventions provided

Q24: What can people do when they visit your service? (Please select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Attend social groups | <input type="checkbox"/> Give/receive peer support |
| <input type="checkbox"/> Chat with other service users | <input type="checkbox"/> Informal chat with staff |
| <input type="checkbox"/> Help make lunch/other meals | <input type="checkbox"/> Use a computer |
| <input type="checkbox"/> Play table tennis/pool/other games | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Attend therapy sessions | <input type="checkbox"/> Attend review meetings |
| <input type="checkbox"/> See a specialist for a support meeting | <input type="checkbox"/> Other |

If you have chosen "other", please specify:

Q25: Which of the following interventions does your service provide? (Please select all that apply)

- Medical review
- Prescriptions
- Dispensing medication
- Monitoring medication
- Support with medication adherence
- Monitoring of medication side-effects
- Physical health monitoring
- Physical health investigations
- Cognitive behavioural therapy
- Other psychological therapies
- Supported self-management (e.g. WRAP)
- Written relapse prevention plans
- Written advance directives
- Psychological therapies in groups
- Psychological therapies 1:1
- Family therapy
- Family work
- Peer-run groups
- Carers support groups
- Stress management for carers
- Art psychotherapy
- Drama psychotherapy
- Music psychotherapy
- Sports groups
- Daily living activities support (e.g. cooking)
- Work experience
- Alcohol/substance misuse groups/advice
- One-to-one support
- Debt management
- Benefits advice
- Help resolving immediate housing problems (e.g. problems with tenancy, arranging cleaning etc.)
- Not applicable
- Other

If you have chosen "other", please specify:

Referrals

Note: if you have answered/chosen item [1] in question 5, skip the following question

Q26: Please indicate which sources service users come to you from, and, if know, the average number per month from each source. If service users come to you from sources not listed below, please indicate these (as well as the average number per month from each) in the free text box below.

Service	Referrals accepted	Average number of referrals received per month
Service users who have used the service previously	<input type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text"/>
Carers/family/friends of people who have used the service previously	<input type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text"/>
Service users who have not used the service previously	<input type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text"/>
Carers/family/friends of people who have not used the service previously	<input type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text"/>
Acute psychiatric ward	<input type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text"/>
Crisis Resolution and Home Treatment Team	<input type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text"/>
Crisis assessment service (if separate from CRHTT)	<input type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text"/>
Crisis House	<input type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text"/>
Other Secondary mental health service (e.g. Early Intervention Service)	<input type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text"/>
IAPT	<input type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text"/>
GP	<input type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text"/>
Other Primary Care	<input type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text"/>
Police	<input type="checkbox"/>	<input style="width: 100%; height: 20px;" type="text"/>

A&E	<input type="checkbox"/>	
Other sources	<input type="checkbox"/>	

Note: if you have answered/chosen item [2, 3, 4, 5, 6] in question 5, skip the following question

Q27: Please indicate which sources you accept referrals from, and (where relevant) the average number of referrals accepted per month from each source. If you accept referrals from sources not listed below, please indicate these (as well as the average number of referrals accepted per month from each) in the free text box below.

Service	Referrals accepted	Average number of referrals received per month
Self-referral by service users who have used the service previously (or their carers)	<input type="checkbox"/>	
Referral by carers/family/friends of people who have used the service previously	<input type="checkbox"/>	
Self-referral by service users who have not used the service previously (or their carers)	<input type="checkbox"/>	
Referral by carers/family/friends of people who have not used the service previously	<input type="checkbox"/>	
Acute psychiatric ward	<input type="checkbox"/>	
Crisis Resolution and Home Treatment Team	<input type="checkbox"/>	
Crisis assessment service (if separate from CRHTT)	<input type="checkbox"/>	
Crisis House	<input type="checkbox"/>	
Other Secondary mental health service	<input type="checkbox"/>	
IAPT	<input type="checkbox"/>	

GP	<input type="checkbox"/>	
Other Primary Care	<input type="checkbox"/>	
Police	<input type="checkbox"/>	
A&E	<input type="checkbox"/>	
Other sources	<input type="checkbox"/>	

Moving on from your service

Q28: Please indicate which services you are able to refer service users on to , and (where relevant) the average number of service users per month for each. If you are able to refer on to sources not listed below, please indicate these (as well as the average number of service users per month for each) in the free text box below.

Service	Discharge destination	Average number of discharges per month
Acute psychiatric ward	<input type="checkbox"/>	
Crisis Resolution and Home Treatment Team	<input type="checkbox"/>	
Crisis House	<input type="checkbox"/>	
NHS Community mental health services (e.g. CMHT, EIS, Recovery team etc.)	<input type="checkbox"/>	
GP	<input type="checkbox"/>	
Other Primary Care	<input type="checkbox"/>	

Housing services	<input type="checkbox"/>	
Welfare rights advice	<input type="checkbox"/>	
Counselling	<input type="checkbox"/>	
Other sources	<input type="checkbox"/>	

Q29: What proportion of service users do you estimate return to your service within three months of leaving?

Q30: Are there any kinds of interventions to bridge the gap some services users experience between leaving your service and taken on by another service (e.g. a CMHT)? For example, peer support is used in some areas to maintain continuity of care.

- Yes
 No
 Not applicable

Note: if you have answered/chosen item [2, 3] in question 30, skip the following question

Q31: Please tell us about interventions in place to bridge the gap between your service and any that you discharge to.

Client group served

Q32: Do you exclude any groups of people, who have a mental health problem, from using your service?

- | | |
|---|--|
| <input type="checkbox"/> No exclusions | <input type="checkbox"/> People with dementia |
| <input type="checkbox"/> People with a personality disorder | <input type="checkbox"/> People with alcohol and substance misuse problems |
| <input type="checkbox"/> People with a learning disability | <input type="checkbox"/> Other |

If you have chosen "other", please specify:

Q33: Please outline the catchment area your service covers (if relevant).

Q34: Do you have any other criteria people must meet in order to use your service?

Duration of care

Q35: Do you have a maximum length of time people can use your service for? E.g. 6 weeks, 3 months, etc.

Yes No

Note: if you have answered/chosen item [2] in question 35, skip the following question

Q36: What is the maximum length of time people can use your service for?

Opening hours

Q37: What are the opening hours of your service?

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Service capacity

Q38: How many places are available in your service? (I.e. how many people can physically come into the service at one time)

Number	<input type="text"/>
Not applicable	<input type="checkbox"/>

Q39: How many people can you have on your caseload/books at one time?

Number	<input type="text"/>
Not applicable	<input type="checkbox"/>

Q40: Do you have a waiting list for your service? If so, how many people are currently on the waiting list?

Waiting list available	<input type="checkbox"/>	Number on waiting list	<input type="text"/>
Not applicable	<input type="checkbox"/>		

Q41: What is the average waiting time once a service user has been referred to you until they first attend your service?

Hours	<input type="text"/>
Days	<input type="text"/>
Weeks	<input type="text"/>
Not applicable - immediate access	<input type="checkbox"/>
Not applicable - other	<input type="text"/>

Service usage

Q42: How many people have used your service in the past 12 months? (Please count each service user only once, even if they have been with your service for multiple periods of care)

Q43: How many periods of care have you provided in the past 12 months? (Please count each period of care, i.e. repeat users should be counted multiple times)

Q44: How long do service users typically stay with your service? (Please give answer in number of days, averaged over all service users seen in the past month)

Q45: How many people, on average, attend your service per day?

Q46: What is the average number of people on your caseload/books per day?

Q47: What is your Did Not Attend (DNA) rate? (Please give the average number of DNAs per day)

Service user demographics

Q48: What is the age range of the service users accepted onto your caseload?

Q49: What was the average age of service users on your caseload, in the past month?

Average age	<input type="text"/>
Unknown	<input type="checkbox"/>

Q50: What percentage of your caseload were female and male, in the past month?

% Female	<input type="text"/>
% Male	<input type="text"/>
Unknown	<input type="checkbox"/>

Q51: Please enter the percentage of your caseload that identify as the following ethnic groups, for the past month.

White	<input type="text"/>
Mixed/multiple ethnicity	<input type="text"/>
Asian/Asian British	<input type="text"/>
Black/Black British	<input type="text"/>
Other Ethnic Group	<input type="text"/>
Unknown	<input type="checkbox"/>

Q52: What percentage of your service users identify as the following:

Heterosexual or straight	<input type="text"/>
Gay or lesbian	<input type="text"/>
Bisexual	<input type="text"/>
Other	<input type="text"/>
Prefer not to say	<input type="text"/>
Unknown	<input type="checkbox"/>

Care cluster

Q53: Please enter the percentage of service users on your caseload in each of the care clusters below, for the past month, if known. (Please enter a number only)

Cluster	% of service users
1 Common Mental Health Problems (low severity)	<input type="text"/>

2 Common Mental Health Problems (Low Severity with greater need)	
3 Non Psychotic (Moderate Severity)	
4 Non-psychotic (Severe)	
5 Non-psychotic Disorders (Very Severe)	
6 Non-psychotic Disorder of Over-valued Ideas	
7 Enduring Non-psychotic Disorders (High Disability)	
8 Non-Psychotic Chaotic and Challenging Disorders	
9 Blank cluster	
10 First Episode Psychosis	
11 Ongoing Recurrent Psychosis (Low Symptoms)	
12 Ongoing or recurrent Psychosis (High Disability)	
13 Ongoing or Recurrent Psychosis (high symptom and disability)	
14 Psychotic Crisis	
15 Severe Psychotic Depression	
16 Dual Diagnosis	
17 Psychosis and Affective Disorder – Difficult to Engage	
18 Cognitive Impairment (Low Need)	

19 Cognitive Impairment or Dementia Complicated (Moderate Need)	
20 Cognitive Impairment or Dementia Complicated (High Need)	
21 Cognitive Impairment or Dementia (High Physical or Engagement)	
Not applicable	<input type="checkbox"/>
Unknown	<input type="checkbox"/>

Staff groups

Q54: Please indicate how many staff you have in each of the following groups. Please note the number of individuals, and the number of full time equivalent (FTE) staff roles this equates to. E.g. Two people working 1/2 time each would count as 1 FTE.

Staff group	Number of staff	FTE roles
Nurse		
Consultant psychiatrist		
Other medical staff		
Social worker		
Occupational therapist		
Clinical psychologist		
Graduate mental health worker		
Pharmacist		
Support worker		
Admin staff		
Peer support worker		
Counsellors		
Students		
Volunteers		
Other		

Q55: Do you perceive a need for additional staff within your service?

- Yes No

Note: if you have answered/chosen item [2] in question 55, skip the following question

Q56: Please indicate how many additional staff from each of the groups below you feel your service needs.

Staff group	Number (FTE)
Nurse	<input type="text"/>
Consultant psychiatrist	<input type="text"/>
Other medical staff	<input type="text"/>
Social worker	<input type="text"/>
Occupational therapist	<input type="text"/>
Clinical psychologist	<input type="text"/>
Graduate mental health worker	<input type="text"/>
Pharmacist	<input type="text"/>
Support worker	<input type="text"/>
Counsellors	<input type="text"/>
Admin staff	<input type="text"/>
Peer support worker	<input type="text"/>
Other	<input type="text"/>

Service user involvement

Q57: Are service users involved with any of the following? (Please select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Service management | <input type="checkbox"/> Advisory or consultative groups |
| <input type="checkbox"/> Staff recruitment | <input type="checkbox"/> Staff training |
| <input type="checkbox"/> Delivering interventions | <input type="checkbox"/> Facilitating groups |
| <input type="checkbox"/> Invited to give feedback about the service | <input type="checkbox"/> Collecting service user or carer feedback |
| <input type="checkbox"/> Acting on feedback or complaints | <input type="checkbox"/> Paid positions |
| <input type="checkbox"/> Peer support workers | <input type="checkbox"/> Service user or carer forums |
| <input type="checkbox"/> Community meetings | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Other | |

If you have chosen "other", please specify:

Carer involvement

Q58: Are carers involved with any of the following? (Please select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Service management | <input type="checkbox"/> Advisory or consultative groups |
| <input type="checkbox"/> Staff recruitment | <input type="checkbox"/> Staff training |
| <input type="checkbox"/> Delivering interventions | <input type="checkbox"/> Facilitating groups |
| <input type="checkbox"/> Invited to give feedback about the service | <input type="checkbox"/> Collecting service user or carer feedback |
| <input type="checkbox"/> Acting on feedback or complaints | <input type="checkbox"/> Paid positions |
| <input type="checkbox"/> Service user or carer forums | <input type="checkbox"/> Community meetings |
| <input type="checkbox"/> None of the above | <input type="checkbox"/> Other |

If you have chosen "other", please specify:

Service development

Q59: What is the annual budget for your service?

Q60: How long has your service been operating for?

Months	<input type="text"/>
Years	<input type="text"/>

Q61: Have there been any changes in your service's role or structure during this time?

- Yes No

Note: if you have answered/chosen item [2] in question 61, skip the following question

Q62: How has your service changed in role or structure since it was first set up?

Q63: Are there any current service improvement initiatives being undertaken in your service?

Yes No

Note: if you have answered/chosen item [2] in question 63, skip the following question

Q64: Please tell us about these initiatives.

Q65: What are your priorities for maintaining or improving your service?

Q66: Is there anything else you would like to tell us about your service? If so please use the box below.