



Service Features and Activities

“PSICHO-RESCUE” QUESTIONNAIRE



LEONARDO DA VINCI Programme II PHASE 2000-2006

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Il contenuto del presente progetto non riflette necessariamente
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e non impegna in alcun modo la loro responsabilità.

The questionnaire

- The following format is an item list that we will use to make a quantitative survey of the mental health services. The data will be useful for the needs analyses (WP2 - Phase 3).
- Moreover, we will use this data during the Athens Conference.

- You have to translate this format in your language (Scottish people too!). The questionnaires should be sent to all mental health services and facilities of your local area.
- The catchments' area and the survey's area can be represented by the whole city (if possible) or else by a district.

- Catchment's area: ≥ 18 age population
- Survey's area: the whole town (Rome, Amsterdam, Glasgow, Riga, Prague, Athens) or a district of ≥ 100.000 population
- Population
 - Label (district; town; etc.)
 - Size raw number of people (sane + ill)

Guidelines

- *The following questionnaire aims to collect data about features and activities of your service. The most part of required information concerns 2005 (from January to December 2005). Collected data will be utilized to make a survey of activities and resources in Mental Health Services involved in your local area.*

General information

Questionnaire filled up by:

Name

Surname

Gender

Age

Professional role within facility/service

Educational degree

General information

- **Your job typology**
 - Full-time job
 - Part-time job
- **Name and details of your Facility/Service**

Management

- Public
- Social Private (social firms, NGOs, etc.)
- Private
- Mixed
- Other...(specify

Financing

- Public
- Social Private (social firms, NGOs, etc.)
- Private
- Mixed
- Other...(specify)

Service typology

- Non-hospital Residential Facility (ex. supervised flat, supported housing, etc.... *(specify service features)*)
- Hospital residential Facility
- Non Hospital Residential Facility
- Outpatient Service
- Acute Psychiatric Ward
- Day-Hospital/Day Centre
- other... *(specify and explain typology and features of your service)*

Care intensity

- 24 h/24H
- < 24 h
- < 6 h
- until 2 h
- In case of need

Beds

(indicate the number of)

- Beds available
- Beds kept busy at present
- Beds kept busy on average
- **Total**

Staff on service in 2005

- Psychiatrists
- Psychologists/Psychotherapists
- Psychiatric Nurses
- Nurses
- Rehabilitation workers
- Occupational therapists
- Social carers/Social workers
- Auxiliary workers
- Not psychiatrist physicians
- Workers without qualification
- Other... (*specify*)

(indicate the number of and full- or part-time employment)

Users in 2005

- Outpatient services, day centre, day hospital, and similar...
 - Users seen even once and after discharged from the service
 - Drops out after three or more encounters
 - Discharges (*finished treatment*)
 - New users (1 –2 encounters)
 - *excluding inappropriate accesses*
 - Attending users (3 encounters or stay)

Users in 2005

- **Acute psychiatric Services**
 - Users admitted in Acute Psychiatric Ward in 2005 (or other acute departments)
 - Discharges (*finished treatment*)
 - Average length of hospitalisation in Acute Psychiatric Ward (*n° of days*)

Users in 2005

- Non Hospital Residential Facilities (NHRF)
 - Users admitted in 2005
 - Users discharged in 2005
 - Drops out in 2005
 - Current users (*patients admitted till December 2005 + patients admitted before 2005 and still presents*)
 - Average length of admission in NHRF (*n° of days*)

Users in 2005

- **Hospital Residential Facilities**

- Users admitted in 2005
- Users discharged in 2005
- Drops out in 2005
- Current users (*patients admitted till December 2005 + patients admitted before 2005 and still presents*)
- Average length of hospitalisation (*n° of days*)

Main diagnosis

- Schizophrenic syndromes
- Other psychosis
- Personality disorders
- Bipolar syndromes
- Unipolar depression
- Anxiety disorders
- Obsessive Compulsive Disorders
- Neuropsychological and cognitive disorders
- Alcohol and/or substances abuse
- Other psychiatric disorders...(specify)

Users that participated to routine and non routine activity in 2005

- Users involved in group psychotherapy
- Users involved in psycho-educational training
- Users involved in self-help or empowerment group
- Users involved in occupational activities and/or ergo-therapy
- Users involved in vocational training
- Users involved in sheltered job programme
- Users employed by social firms
- Users employed by other firms
- Work grants
- Drop out from works
- Users involved in sport activities
- Users involved in artistic activities
- Users involved in other activities ...(*specify*)

Costs in 2005

- per head cost
- Percentage of health budget cost

Worker's Curriculum Survey

**"PSICHO-RESCUE"
QUESTIONNAIRE**

- The questionnaires have to be submitted to the mental health workers that work in the services and facilities.
- The aim is to survey if mental health workers have met in their curricula/training paths the following topics and the rate of which they did some course during 2004-2005 (24 months).
- Catchment's area: ≥ 18 age mental health workers employed in mental health services in survey's areas (Rome, Amsterdam, Glasgow, Riga, Prague, Athens).

GUIDELINES

- *The following questionnaire aims to collect data about your curriculum. On the right columns you should give 2 kind of information. The column-1 information concerns the last 2 years 2004-2005 (from January 2004 to December 2005). The column-2 information concerns your whole curriculum. Collected data will be utilized to make a survey of activities and resources in Mental Health Services involved in your local area.*
- *The aim is to survey if mental health workers have met in their curricula/training paths the following topics and the rate of which they did some course during 2004-2005 (24 months). It is sufficient that people write down (writing yes or not) if they studied the topics in their courses (lifelong, even before 2004) and in the last 2 years (2004-05).*

General information

- **Name and details of**
 - The worker
 - the Facility/Service where he work

Topics you studied in training or updating courses

- Column 1

- In all your past courses (before 2004 + 2004-05)

- Column 2

- in 2004-05 (24 months)

Topics you studied in training or updating courses

- Make a prime differential diagnosis:
 - Conduct interviews to assess weaknesses and strengths in patient's social functioning
 - Assess and monitor basic symptoms and sign of psychopathology (at least. about delusions, hallucination, suicidal risks, panic attacks, phobias, obsessions, compulsions...)
 - Understand and use the results of neurocognitive test

- Identification of the crisis early signs
- Identification of the principal side effects of drugs
- Helping the reference team to define rehabilitation plans
- Use community resources not open also to psychiatric patients (networking)

- Helping the patient to define and negotiate personal goals
- Collaborate with vocational programmes
- Apply social rehabilitation skills: Social Skills Training (Role Playing; Modeling; shaping; reinforcement; Emotive recognition)

- Effective communication
- Assertive Training Modeling and teaching basic communication skills
- Teaching problem solving method
- Involve the patient's relatives, neighbors and friends in rehabilitation plans
- Promote and manage self-help groups

- Recognising and supporting service users' own coping strategies
- Teach relaxation techniques
- Counsel about rage and impulse control
- Counsel about sleeping management
- Inform doctors about signs of clinical status deterioration
- Take an active part to psychoeducation sessions about the disorder and its treatment

- Carry out motivational interviews for improving compliance and reducing substance abuse
- Respond with competence to violent behavior or risk of it
- Basic principles of Evidence-Based Health Care in the evaluation of intervention efficacy and effectiveness
- Facilitate the expression of complaints by patients and relatives
- Facilitate surveys on patients' and relatives' opinions

