

National Child and Adolescent Mental Health Service Mapping Exercise 2005: TEAM CASELOAD SHEET

Service name

Team name

Introduction

This questionnaire is to help with the completion of team questionnaire. It is a paper version of the questions asked on the CAMHS mapping website.

Caseload data is collected at the level of teams.

To avoid double counting, where cases are co-worked by different members of the team they should only be counted once.

Similarly, the duration of treatment is how long the team has seen the particular case. If a member of the team has seen a case for one month, but before that they were seen for six months by another member of the team, the duration of treatment would be seven months.



PLEASE NOTE:

The following questions are about caseload. You can record the total number of cases in the boxes, or you can keep a tally of each case and total them at the end of the month.

Caseload Questions

For the last two years, the Healthcare Commission has used CAMHS mapping caseload information as a data source for the measurement of CAMHS activity. Caseload data is measured at the level of teams and should include all those cases worked with in the sample period by teams that are included in the mapping. Please read carefully the following definitions.

A **'case'** is one child, or one young person, or one child or young person and their family for whom a referral has been received and with whom a CAMHS has been **actively working** within the measurement period. Where two or more siblings have sufficient individual problems to warrant separate referral, they should be counted as separate cases."

Active work includes any of the following activities relating to specific cases: *assessment, treatment, case management, liaison, consultation, case support and health promotion.*

Team caseload is defined as the number of cases worked with during the reference period. Each active case should be recorded once, irrespective of how often the child is seen or the case considered during the measurement period. This measure is not designed to be a measure of staff workload.

Data Collection Periods:

- *Generic, targeted and dedicated worker teams data collection period is 1st to 30th November 2005.*
- *Tier 4 team data collection period is 1st June to 30th November 2005.*



Please read the final page of the questionnaire for further guidance and definitions on collecting caseload data

Caseload by patch

Local teams are asked to report caseload by patches. A patch is one and only one PCT area, and one and only one SSA area. The team has been assigned patches by the Head of Service for the mapping exercise, please ask if you are uncertain what area your team covers. Input cases by these patches and then add any additional cases to an 'external patch'

For teams who are working in a wider than local area catchment area – a team that serves an SHA area, a number of SHAs, or provides a national service – please just enter the total number of cases seen.

Please note that if more than one member of the team is working with a case, the case should only be counted by one member of the team.

Patch (PCT for local teams or total for wider than local teams):	Cases seen:

External Patch

Total

New cases first seen

The duration of the wait is the interval between the receipt of the referral request and the time the case is first seen (usually for assessment). In the case of Did Not Attend (DNA) or cancellations, the wait is from the most recent DNA or cancellation. Please note that if more than one member of the team is working with a case, the case should only be counted once.

	Duration of wait
<=4 weeks	
>4 weeks but <=13 weeks	
>13 weeks but <=26 weeks	
>26 weeks	
Total	

Cases waiting to see the team at the end of the data collection period

These are the cases that have been referred to the team but have not yet been seen. The duration of the wait is from receipt of the referral request until the end of the sample period. In the case of Did Not Attend (DNA) or cancellations, the wait is from the most recent DNA or cancellation.

	Duration of wait
<=4 weeks	
>4 weeks but <=13 weeks	

>13 weeks but <=26 weeks	
>26 weeks	
Total	

Ethnic profile

If ethnicity is not known, the young person, or the child's principal carer, should be asked to identify the ethnicity of the child by asking which ethnic group listed best describes him or her. The choice of whether the child/young person or parent should answer depends on whether the child/young person is competent to do so.

	Male	Female
White: British		
White: Irish		
White: Any other white background		
Mixed: Mixed white and black Caribbean		
Mixed: Mixed white and black African		
Mixed: Mixed white and Asian		
Mixed: Any other mixed background		
Asian or Asian British: Indian		
Asian or Asian British: Pakistani		
Asian or Asian British: Bangladeshi		
Asian or Asian British: Any other Asian background		
Black or Black British: Caribbean		
Black or Black British: African		
Black or Black British: Any other black		

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background		
Other Ethnic Groups: Chinese		
Other Ethnic Groups: Any other ethnic group		
Not stated		
Total		

Gender profile

Please note that if more than one member of the team is working with a case, the case should only be counted once.

	Male	Female	Total
0-4			
5-9			
10-14			
15			
16-18			
19-25			
Total			

Duration of treatment so far

This is measured from the point at which the case was accepted onto a team members caseload, in other words at the end of the waiting list.

Please note that if more than one member of the team is working with a case, the case should only be counted once.

<=4 weeks	
>4 weeks but <=13 weeks	

>13 weeks but <=26 weeks	
>26 weeks but <=52 weeks	
> 1 year	
Total	

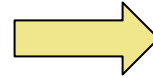
Primary presenting disorders

Please note that if more than one member of the team is working with a case, the case should only be counted once.

	Number of cases	Normally accepted *
Hyperkinetic disorders ¹		
Emotional disorders ²		
Conduct disorders ³		
Eating disorders ⁴		
Psychotic disorders ⁵		
Deliberate self harm ⁶		
Substance abuse ⁷		
Habit disorders ⁸		
Autistic spectrum disorders		
Developmental disorders ⁹		
Not possible to define ¹⁰		

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Other		
Cases with more than one problem ¹¹		
Total		



Children currently 'looked after' by their local authority	
Children in contact with youth offending services in last year	
Children with moderate / severe learning disability	

1. *Includes ADHD and other attentional disorders*
2. *Includes anxiety, depression, phobias, obsessional compulsive disorder, post traumatic stress disorder*
3. *Includes anti social behaviour, stealing, defiance, fire-setting and aggression*
4. *Includes pre school eating problems, anorexia nervosa and bulimic nervosa*
5. *Includes schizophrenia, manic depressive disorder or drug-induced psychosis*
6. *Includes lacerations and drug and alcohol overdose*
7. *Refers to drug and alcohol misuse*
8. *Includes tics, sleeping problems and soiling*
9. *Refers to delay in acquiring certain skills such as speech, bladder control and social ability*
10. *Only use this box if it is impossible to define the prominent disorder*
11. *Only use this box if there are more than one prominent disorders, to the extent that it is not possible to identify one 'primary presenting disorder'.*

**Place an X against any types of disorder you would not normally accept for treatment.*

Special Characteristics

How many cases within the direct caseload were:

Referral sources

Please note that if more than one member of the team is working with a case, the case should only be counted once.

Primary health care	
Education ¹	
Social Services	
Youth Justice ²	
Child Health ³	
Learning disability service	
Adult mental health services ⁴	
Voluntary or independent sector	
Self referral	
Internal referral ⁵	
Other Trust	
Total	

1. *Education - includes all schools, educational psychologists, education welfare officers and learning support teachers.*
2. *Youth Justice - includes youth offending teams, probation services, legal services and courts.*
3. *Child Health - includes acute and community paediatricians district nurses and school nurses.*
4. *Adult mental health services - includes community and inpatient adult mental health services.*
5. *Internal referral - refers to referrals received from another member of the CAMH service e.g. from a tier 2 team member to a tier 3 team member.*

IT use and availability

Please enter the number of staff within the team in relevant category.

	Have access to	Have access to and use	Would use but do not have access to
Email			
Internet			
NHSNet			
Computerised clinical notes			
Summarised clinical information such as Cochrane reviews			
Activity statistics			

Thank you



Team questionnaire guidance on recording caseload and case characteristic data

It is essential to follow the guidance in the dialogue box on the first page of this questionnaire. To repeat:

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To avoid double counting, where cases are co-worked by different members of the team they should only be counted once.

Similarly, the duration of treatment is how long the team has seen the particular case. If a member of the team has seen a case for one month, but before that they were seen for six months by another member of the team, the duration of treatment would be seven months.

Key Caseload Definitions:

A 'case' is one child, or one young person, or one child or young person and their family for whom a referral has been received and with whom a CAMHS has been **actively working** within the measurement period. Where two or more siblings have sufficient individual problems to warrant separate referral, they should be counted as separate cases."

Active work includes any of the following activities relating to specific cases: *assessment, treatment, case management, liaison, consultation, case support and health promotion.*

Team caseload is defined as the number of cases worked with during the reference period. Each active case should be recorded once irrespective of how often the child is seen or the case considered during the measurement period. This measure is not designed to be a measure of staff workload.

In addition to the definitions of caseload, active work and team caseload, we would like to clarify that 'consultation' should be included in the active work of the team if it meets the following definition:

For the purposes of the CAMHS mapping, a consultation requires a specialist CAMHS clinician to provide clinical advice or information for which they can be held accountable. This will usually infer that a record of the consultation will be recorded by at least one party.

Data Collection Periods:

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- *Tier 4 team data collection period is 1st June to 30th November 2005.*

Reporting cases in local teams:

If you work in a 'local team' you are asked to report caseload by patches. A patch is one and only one PCT area, and one and only one SSA area. The team has been assigned patches by the Head of Service for the mapping exercise, please ask if you are uncertain what area your team covers. Input cases by these patches and then add any additional cases to an 'external patch'

Reporting cases in wider than local teams:

Teams that work to one or more Strategic Health Authority area. Please report the total number of cases by SHA.

Reporting cases in national teams:

Please report the total number of cases you have worked with as a national total.

Note: If you are uncertain of the catchment area assigned to your team in the mapping exercise please check with the person who distributed the questionnaire.

Case characteristics:

You are asked to report on five case characteristics: 1) Age, 2) Gender, 3) Ethnicity, 4) Primary Presenting Disorder, and 5) Referral Source of your total caseload in the sample period. The total number of cases you identify in each of five case characteristics questions should be the same as the total number of cases you identified in the original caseload question. New cases and cases waiting (if reported here) refer to a subset of your total caseload or future intake and are unlikely to be the same number as your total caseload.