

CAPSS Survey of Community Paediatricians

We wish to know about Community Paediatricians involvement in the care of children and adolescents with specific mental health conditions. This information will help us to understand the validity of the Child and Adolescent Psychiatry Surveillance System process.

*** 1. Does your work in community paediatrics involve clinical work with patients?**

- Yes
- No

Any Comment

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*2. Does your work involve both acute and community paediatric patients?

- Yes
- No, all my work is in community paediatrics
- No, all my work is in acute paediatrics

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3. What is your grade?

- Consultant
- Associate Specialist
- Staff Grade
- Other Non-Consultant Career Grade
- Trainee

4. Do you have a special role or special interest in one or more of the following?

Please answer all that apply

- Safeguarding/Child Protection
- Looked After Children
- Neurodevelopmental (including ADHD and ASD)
- Neurodisability
- Foetal Alcohol Syndrome
- Behavioural Paediatrics
- Other (please specify)

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Please answer the questions that follow about all areas of your clinical work.

***5. Is the assessment and/or treatment of mental health disorders part of your job plan and/or a part of the service you work in?**

- Yes
- No
- Other

Please specify

***6. What is the age range you are involved with in your clinical work?**

Please answer all that apply

- Less than 5
- 5-11
- 11-18

Any Comment

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***7. Please indicate which service(s) a child/adolescent will attend for assessment/treatment if they present in your catchment population with one of the following conditions:
(Please answer in relation to the age range of your service, this may involve checking more than one box for each condition)**

	My Service (WITH a Community Paediatrician)	Another Service WITH a Community Paediatrician or Paediatrician	A Service WITH a Child and Adolescent Psychiatrist	Any Service with NO Input from Paediatricians and Child and Adolescent Psychiatrists	Don't know
Alcohol and Drug Problems (Includes Intoxication)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mood Disorder (Depression/Bipolar)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Disorder (Anxiety/OCD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychological Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychological Disorder associated with Physical Symptoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeding Disorders (Avoidant/Restrictive Food Intake Disorders)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self Harm and Suicidality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Autism Spectrum Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADHD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tourettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Neurodevelopmental Disorders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aggressive and Disruptive Behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abuse/Neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attachment Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Looked After Children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foetal Alcohol Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Any Comment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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***8. If a child/adolescent with one of the following conditions attends the community paediatric service you work in, please indicate the likelihood of your involvement* in their assessment or care.**

****"Involvement in their assessment or care" includes being aware of (e.g. having responsibility for, aware through multidisciplinary team discussion, supervision) or having direct clinical contact with the child/adolescent.**

	Always <input type="radio"/> Mostly (>75%)	Often <input type="radio"/> (50%-75%)	Sometimes <input type="radio"/> (25%-50%)	Rarely/Never <input type="radio"/> (<25%)	Don't know <input type="radio"/>
Alcohol and Drug Problems (Includes Intoxication)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mood Disorder (Depression and Bipolar)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional Disorder (Anxiety/OCD)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychological Trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychological Disorder associated with Physical Symptoms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeding Disorders (Avoidant/Restrictive Food Intake Disorders)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating Disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self Harm and Suicidality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learning Disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Autism Spectrum Disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ADHD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tourettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Neurodevelopmental Disorders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aggressive and Disruptive Behaviour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abuse/Neglect	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attachment Disorder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Looked After Children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Foetal Alcohol Syndrome	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any Comment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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End of Survey

Thank you very much for your time and help with this survey!

9. Please indicate in the space below if there is anything else you feel is relevant that has not been covered in this survey

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End of Survey

Thank you for your time and willingness to participate in this survey but you can only help if you have a clinical role in community paediatrics.