



MENTAL HEALTH & WELLBEING QUESTIONNAIRE

Supporting notes

**ANY CONCERNS OR FURTHER CLARIFICATION REQUIRED,
PLEASE DISCUSS WITH YOUR LINE MANAGER OR THE
MENTAL HEALTH SPECIALISTS**

Copies of this guidance and the Mental Health & Wellbeing Questionnaires (parts 1 & 2) can be found on the Llamau intranet:

- Go to **FORMS**
- Click on **SUPPORT FILE FORMS**
- Scroll down to **MENTAL HEALTH & WELLBEING SECTION**

Part 1 needs to be completed within 1-2 weeks of a service user being on project. Current service users – complete at next support session

IF CONCERNS HAVE BEEN HIGHLIGHTED FROM PART 1 – complete part 2 as soon as possible, preferably straightaway - 2 weeks max

FILING: KEEP COPIES OF ALL COMPLETED QUESTIONNAIRES ON THE SERVICE USER'S SUPPORT FILES IN THE RISK ASSESSMENT SECTION

MANUAL CONTENTS

Guidance notes for the Mental Health & Wellbeing Questionnaire.....	3
Mental Health & Wellbeing Questionnaire flow chart.....	5
Brief outline & aim of questionnaire.....	6
Mental Health & Wellbeing Part 1 guidelines & evaluation.....	7
Mental Health & Wellbeing Part 2.....	11
Trigger Points.....	13
Referral letter.....	15

Guidance notes for the Mental Health & Wellbeing Questionnaire

The questionnaires should be considered for all service users in Llamau and action taken based on the following outcomes.

The questionnaires are intended to improve the identification of service users within Llamau who have mental health needs. It is important that these service users are able to access the appropriate level of Child and Adolescent Mental Health (CAMHS) or Adult Mental Health (CMHT) services that they require. In any situation where it is clearly evident that a service user has mental health needs that require urgent assessment by CAMHS or CMHT, an immediate referral should be made to the appropriate local team. In these cases there is no requirement to complete the screening pathway before making a referral.

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Where specialist assessment and treatment resources are not available to meet a service user's needs as identified by the questionnaires, and/or long waiting lists exist, the best possible alternative support package which should have already been considered, should be put in place while waiting for access to CAMHS or CMHT.

Part 1		
0/1		no problem in this area
2		consider repeat in 4-6 weeks
3/4		possible problems, complete part 2



Complete Mental Health & Wellbeing Questionnaire Part 2

All decisions regarding action taken or decisions not to proceed with further screening and referral should be recorded on the service user's file. A service user can opt out of the interviews at any time.

Confidentiality

- Clear statements need to be made about who has access to information and where information is recorded
- Explain that information obtained forms part of the Llamau assessment
- Clarify that you are required to share information if a service user is at risk to themselves or others or if they are at risk of abuse from others

Considerations when using the mental health questionnaires

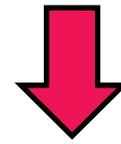
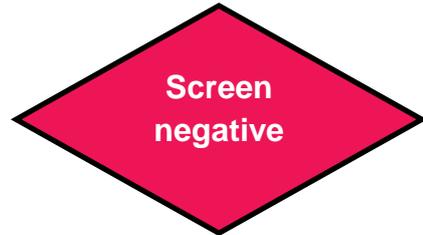
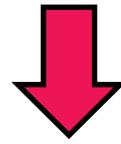
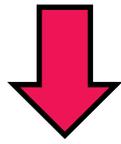
- Much illness arising from mental health issues comes from symptoms below the threshold for the diagnosis of disorder. This tool focuses on mental health needs that are important for service users in Llamau. Information gained will aid in appropriate intervention or referral
- This screening tool has selected 8 mental health areas of need in which interventions have been established and the motivation of the service user to access help and effectiveness of prior help received are assessed

In this tool we are looking at mental health in service users, not criteria for disorder

Why screen for mental health?

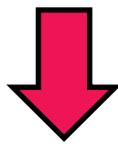
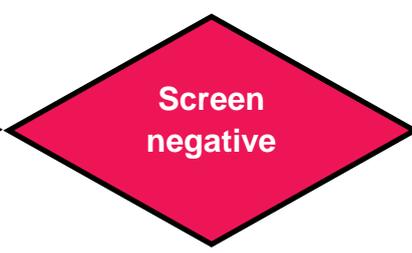
The SEYHoPe research undertaken at Llamau has found that 84% of young people are experiencing mental health issues. The main purpose is to identify service users who are at high risk of developing mental health issues or service users who are already experiencing issues. It is a proactive approach aimed at early interventions and minimising long term, severe mental health issues.

Mental Health & Wellbeing Questionnaire Part 1 to be completed with all service users in Llamau



Mental Health & Wellbeing Questionnaire Part 2

Consider repeating if circumstances change or any triggers/concerns



Refer to appropriate local service

Repeat interview in 4-6 weeks at same time as risk assessment review

The Mental Health & Wellbeing Questionnaire – Part 1

- Designed to be a quick, broad questionnaire that screens for 8 common or important mental health & wellbeing issues in service users
- The questionnaire itself is a 'stand alone' tool to be used at times of key life events, stresses or change for the service user and in those who are thought to be at high risk
- Is **repeatable** as mental health changes over time
- **Those identified as screen positive to go on the Part 2 of the questionnaire**

The Mental Health & Wellbeing Questionnaire – Part 2

- A more detailed semi-structured interview designed to elicit symptoms of mental health issues in key areas
- Information gained will inform the next course of action
- Is **repeatable** as mental health changes over time

Aims of the Mental Health & Wellbeing Questionnaires

- To help in the identification of those who have symptoms of mental health issues that require further assessment and appropriate support and/or treatment
- To identify accessibility issues for service users who require a range of local services

Once a service user is identified as at risk of mental health issues, the next step is to decide what may be appropriate to access in the context of your local services and resources.

The Mental Health & Wellbeing Questionnaire – Part 1

Key Features:

- To be completed with all service users in Llamau within 1-2 weeks of being on project
- For current service users, complete at next support session
- Can be used as an on-going tool to use for any concerns around service user's mental health & wellbeing
- Designed to elicit warning signs of 8 important mental health & wellbeing issues in service users
- Repeatable and flexible

Basics of setting up the interview

- Set aside time specifically to complete the questionnaire
 - A private space
 - Quiet room with few distractions
 - Be aware of safety issues, both for yourself and the service user
- Respect the service user's privacy
 - Ensure that there will be no interruptions / minimise likelihood of this
 - The service user does not have to answer questions if they prefer not to provide information
- Explain the purpose of the interview and what happens to the information that is given
- Consider confidentiality issues and explain who may have access to the information obtained

Section A:

This section focuses on the first 6 mental health areas and 2 questions are asked of each area. All of the individual questions are scored according to the following responses:

No  **0** **Sometimes**  **1** **Yes, often**  **2**

Each of the 6 mental health areas total score is then calculated and recorded.

The questionnaire prompts you as to what your response should be to these scores as follows:

- 0/1  **No problem in this area**
- 2  **consider repeat in 4-6 weeks at same time as risk assessment, or if circumstances change**
- 3/4  **possible problems, Part 2 to be completed**

Note: Self-harm section

- **Any service user with thoughts or plans to kill themselves or who have made recent attempts should complete Part 2 of the questionnaire**
- **Consider ASIST intervention**
- **Discuss with line manager**

Section B:

In this section questions explore whether the service user has had previous mental health issues, previous input from professionals or treatment. **Any yes response triggers a recommendation to complete Part 2 of the questionnaire.**

Section C:

This section is concerned with the areas of Attention Deficit Hyperactivity Disorder (ADHD) and symptoms of psychosis. The scoring of these questions are based on your own and other people's observations as well as some questions to ask the service user.

Scoring for this section is identical to section A

Frequently asked questions

What if I think that the service user is giving incorrect responses?

Avoid being challenging or confrontational. Consider why the service user may be avoiding this (e.g. trust / stigma issue) and try to address this accordingly. The questionnaire can always be repeated at a later date.

When scoring, how do I differentiate between sometimes and often responses?

This requires a degree of judgement on your part. Generally, a 'yes' or 'often' response would indicate a symptom that is present at least 2-3 times a week (e.g. feeling sad every other day, or having flashbacks 3 times a week). Further exploratory questions may need to be asked to make this differentiation (e.g. a service user may initially reply 'sometimes' to a question but when asked how often may say '3-4 times a week' – this response score should be recorded as a 'yes')

How do I score drug or alcohol use if I think it is within behavioural norms for that service user?

We are trying to differentiate between service users who use drugs or alcohol and do not see this as an issue and those for whom their substance use is harmful or dependent. The questions try and ascertain if there are signs of psychological; social or physical adverse consequences / dependence. If in doubt, discuss with your line manager or the Specialist Mental Health workers.

Evaluation of Part 1

What do I do now?

Part 1 helps us to identify service users who may be more likely to be experiencing mental health issues. In order to increase the accuracy of this process, Part 2 of the questionnaire needs to be completed where concerns have been highlighted.

Service users will fall into one of the 3 broad categories below:

Low Concern

- The questionnaire hasn't highlighted any concerns or scores 0/1
- **Part 2 does not need to be completed**
- Repeat at same time as risk assessment is reviewed (every 4 – 6 weeks) or if the service user experiences a major life event, a change of circumstance or if there are any triggers or concerns

Middle Concern

- Service user scores 2 so some concerns but not enough to complete Part 2
- Service user has answered 'no' to questions but you have a strong suspicion that some responses have been inaccurate and that he/she may be experiencing mental health issues
- **Inform relevant staff of your concerns**
- **Repeat in 4-6 weeks, at the same time as risk assessment review**

High Concern

- The response to questions have scored 3/4
- The service user has rated scores 0/1 but he/she exhibits high risk symptoms or behaviours
- You have an extremely strong suspicion of mental health issues
- **Complete Part 2 of the Mental Health & Wellbeing Questionnaire**

- **If the service user is at immediate risk of suicide; risk to others or risk from others – discuss with your line manager for appropriate action**

Key Points

- **Trust your own instinct and judgement**
- **The Mental Health & Wellbeing Questionnaire is designed to be flexible and repeatable over time**

The Mental Health & Wellbeing Questionnaire – Part 2

Part 2 of the questionnaire looks for areas of mental health issues. The member of staff rates severity scores according to the information that is obtained from the service user. This also includes:

- Impact of symptoms on the service user
- Willingness to accept help

The questionnaire provides key questions for each mental health section. **These are prompts for guidance and staff can use their own wording to suit their style or language of the service user.**

You only need to complete the sections of the questionnaire that have been highlighted in Part 1.

How do I rate the interview?

Severity Scales:

These scales look at the impact that mental health issues have on the service user's level of functioning. The member of staff rates the severity scale for each section. The score is based on the response to the prompted questions on the interview in combination with all other information that may be available about the service user. At the end of each section a box reminds you of the key points to note for each problem area when making a decision.

The scores are divided into the following categories:

- No problem
- Mild problems
- Moderate problems
- Severe problems

Each score in combination with the person's motivation to change will inform the decision making process. There is a flow chart for each section available in the screening manual.

Motivation to change:

When identifying mental health issues, a key part is to assess the service user's motivation to change. The initial step in doing this in the interview is to ask if they perceive their own issues as a problem. Many service users may not have thought of any issues that they are experiencing in this way before. Interventions will only be effective if they are able to accept that they are having problems with their mental health and wellbeing.

The second area to consider is whether the service user would accept help if it was offered. Often service users will say maybe or appear ambivalent. In these circumstances it would be important to provide motivational work to help move along the cycle of change (motivational interviewing). **Consider that poor motivation may be a key issue for service users or a symptom of their mental health issue (e.g. depression).**

Current help offered:

This includes:

- Informal help – family, friends, support groups
- Formal help – health professionals, social care or other agencies

What do I do next?

Marked or severe problems:

The service user will require either further psychiatric assessment or specialist support.

Mild or moderate problems:

Continue to monitor mental health through observation and support sessions. You may want to access further advice from the Specialist Mental Health Workers or external agency, either statutory or third sector.

Ensure that the service user is clear regarding your concerns and information that may be shared with other relevant staff and external agencies, providing reasons for this.

Mental Health Screening Tool – Trigger Points

Consider repeating the screening tool if:

- You have observed any changes in a service user's behaviour, symptoms or presentation that may indicate a decline in emotional / mental health such as:
 - Changes in appetite or weight
 - Sleep problems
 - Increased use of alcohol / drugs
 - Escalation in self harm or starting to self-harm when they didn't previously do so
 - Increased isolation / withdrawal (e.g. from friends; family; training placement)
 - Changes in mood or fluctuations such as extreme highs and lows
 - Decreased motivation
 - Feelings of paranoia or suspiciousness
 - Expressing unusual thoughts (e.g. that they are being watched; thinking that someone is interfering with their thoughts; believing that they are being controlled by an unknown force / by the radio or TV)
 - Experiencing hallucinations
 - Increased anxiety / excess worry
 - Increased anger
 - Decreased interest in things that usually they enjoy
 - Lack of concern for appearance / personal hygiene that is out of character
 - Hypervigilance (e.g. easily startled; constantly on edge; feeling watchful / on guard)
 - Intense feelings of guilt or shame
 - Problems with concentration or memory

- There are changes in the service user's life that are unexpected or unwanted that has had a significant impact on them such as:
 - Bereavement
 - Loss (e.g. a friend; relationship; personal belongings; finance; training placement)
 - An assault
 - Abusive relationship
 - Bullying

Referring on:

- **GP:** In the first instance, contact the GP for further advice, assessment and referral
- Mental health team (CAMHS / CMHT) if service user is already involved with these services. If not, referral to CAMHS or CMHT **has to be made by the GP.**
 - **If the service user has had previous involvement with the mental health team and has been discharged within the last 3 years,** the service user can self-refer under part 3 of the Mental Health Measure (2012).
 - **NOTE: If the service user was involved with CAMHS and has turned 18 before needing mental health team support again, there needs to be a new referral to the adult services via the GP.**
- **Third sector services:**

Consider referral to other third sector services for additional support. Mental health directories for each locality are available on Llamau's intranet in the Mental Health Resources section. The service user may also benefit from organisations that are not mental health related but may help to improve their wellbeing such as:

 - Arts based projects
 - Sport / leisure services
 - Volunteering
 - Debt advice (if finances are impacting on their mental health)
- Discuss with one of the mental health workers the possibility of:
 - Delivering mental health awareness workshops at your project
 - Strategies that may be helpful for the service user, tailored to their individual needs and interests
 - Meeting the service user (Support Worker can be present if the service user prefers) to discuss their concerns and obtain advice. We cannot do any long term work with individuals but we may be able to offer up to 3 sessions.

URGENT REFERRALS:

Should concerns about risks to self or others are significantly high (e.g. planning to attempt suicide or cause harm to somebody else) and an urgent referral needs to be made for a mental health assessment or hospital admission:

- **In office hours:**
 - Contact the GP to request an urgent referral for a mental health assessment
 - If the service user is involved with CAMHS / CMHT, contact them with your concerns and request an urgent mental health assessment or referral to crisis team
 - **Ring emergency services if the risks to self or others are immediate**

- **Out of office hours:**
 - Contact the out of hours GP service
 - If the service user is involved with CAMHS / CMHT ring their out of hours service or crisis team
 - If unable to get a response from the above, take the service user to A&E as there will be a duty psychiatrist who can make a mental health assessment
 - **Ring emergency services if the risks to self or others are immediate**

Referral letters:

Referral letters can be useful in circumstances where you want to ensure that the GP has all relevant information and concerns are shared. If the service user is already involved in CAMHS or CMHT services or has recently been discharged, a letter can be helpful too. This ensures that agencies have up to date information and can respond appropriately to concerns raised.

Essential information to include in a referral letter:

- A brief sentence on the presenting mental health issues as identified by the questionnaire
- History and background to presenting problems including key symptoms / issues relating to mental health
- **Relevant** family and social background including any family history of mental health, if known
- Previous interventions / treatment
- **If appropriate**, history of alcohol or substance misuse (e.g. referring to substance misuse agency)
- Results of the relevant parts of the questionnaire
- Likely motivation for treatment
- Details of main contact(s) at Llamau

Example of a referral letter:

Dr Thomas
Canton Medical Centre
Cardiff

(Llamau logo & address)

Date

Dear Dr Thomas

Re: Daryl Smith; Date of Birth 14th September, 1994; 75 Romilly Rd, Canton, Cardiff.

Daryl is 19 years old and has been known to Llamau for 3 months, after experiencing homelessness. As a result of staff observations and Daryl's responses recorded in our mental health screening tool, I write to express concerns about his mental health and wellbeing.

Daryl has felt low in mood for the past 8 weeks with occasional thoughts of self-harm. Other symptoms include sleep problems; poor concentration; fatigue; feelings of despair and helplessness. He disclosed that he cut his arms a few days ago as a coping strategy and that there is no particular pattern to the frequency of his self-harm. He is increasingly isolating himself from his friends and has stopped going to football training, something which he has enjoyed a lot in the past.

Daryl is presently in shared accommodation and I am his Tenancy Support Worker. He is currently unemployed but has been accessing Learning for Life at Llamau, although difficulties in his mental health have impacted on his attendance over the past few weeks.

As far Daryl is aware, there is no family history of mental health issues, however he was in local authority care for the majority of his childhood and has no contact with immediate family. He has said that he has experienced periods of low mood in the past but has not received any help with this previously.

I have discussed my concerns about his low mood with Daryl and he would like to access some help with this. I would be grateful if you could meet with Daryl for further assessment to ascertain possible treatment and support options or referral to the Community Mental Health Service.

Please do not hesitate to contact me should you require further information.

Yours sincerely
(Name & job title)