

## QUESTIONNAIRE MENTAL HEALTH CARE PROVIDERS\*

| <b>1. GENERAL INFORMATION</b>         |  |
|---------------------------------------|--|
| 1.1. Name of Institution              |  |
| 1.2. Geographical Location            |  |
| 1.3. Date & Time of Visit             |  |
| 1.4 Staff Present (Names & Positions) |  |
| 1.5. Interviewer                      |  |
| 1.6. Length of Visit                  |  |
| 1.7. Activities during Visit          |  |

| <b>2. NUMBER OF STAFF &amp; QUALIFICATIONS</b> |                             |
|--|-----------------------------|
| 2.1. Psychiatrists                             |                             |
| 2.2. Medical Doctors                           |                             |
| 2.3. Psychologists                             |                             |
| 2.4. Psychiatric Nurses                        | Qualifications:             |
| 2.5. Nurses (SRN)                              |                             |
| 2.6. Nurses (SECHN)                            |                             |
| 2.7. Social Workers                            | Educational Qualifications: |
| 2.8. Counsellors                               | Educational Qualifications: |
| 2.9. Other Mental Health Staff                 | Educational Qualifications: |

| <b>3. SERVICES PROVIDED</b>        |                   |                                |            |              |                                |                       |               |                 |
|------------------------------------|-------------------|--------------------------------|------------|--------------|--------------------------------|-----------------------|---------------|-----------------|
|                                    |                   |                                | Adult Male | Adult Female | 13-17 yrs Male                 | 13-17 yrs Female      | 0-12 yrs Male | 0-12 yrs Female |
| 3.1. Residential Care              | Number of Beds:   |                                |            |              |                                |                       |               |                 |
| 3.2. Day Care                      | Number of Spaces: |                                |            |              |                                |                       |               |                 |
| 3.3. Individual Counselling        | Yes / No          | Average No. of Sessions/Month: |            |              | Average Total No. of Sessions: |                       |               |                 |
| 3.4. Group Counselling             | Yes / No          | Average No. of Sessions/Month: |            |              | Average Total No. of Sessions: |                       |               |                 |
| 3.5. Parental Coaching/Counselling | Yes / No          | Average No. of Sessions/Month: |            |              | Average Total No. of Sessions: |                       |               |                 |
| 3.6. Pharmaceutical Treatment      | Yes / No          | List Available Medication:     |            |              |                                |                       |               |                 |
| 3.7. Home Visits                   | Yes / No          | Average No. of Sessions/Month: |            |              | Average Total No. of Sessions: |                       |               |                 |
| 3.8. Other (describe)              |                   |                                |            |              |                                |                       |               |                 |
| 3.9. Are services free of charge?  | Yes / No          | If not, how much?              |            |              |                                | Private/Out of Pocket |               |                 |
| 3.10 Is medication free of charge? | Yes / No          | If not, how much?              |            |              |                                | Private/Out of Pocket |               |                 |

#### 4. PATIENTS OVERVIEW 2011 (NEWLY REGISTERED PATIENTS)

|   | Adult Male | Adult Female | 13-17 yrs Male | 13-17 yrs Female | 0-12 yrs Male | 0-12 yrs Female |
|---|------------|--------------|----------------|------------------|---------------|-----------------|
| 4.1. Inpatient  |            |              |                |                  |               |                 |
| 4.2. Outpatient   |            |              |                |                  |               |                 |
| 4.3. Information obtained through:<br>- 2011 Patient Records<br>- Staff Interview |            |              |                |                  |               |                 |

#### 5. MENTAL HEALTH DATA / CASE INFORMATION CHILDREN / ADOLESCENTS 2011

If records are available, record all 2011 cases 0-17 years with presenting problem, diagnosis and treatment details.

If records are not available, interview staff, using the Case Information Questionnaire for Mental Health Care Providers.

#### 6. REFERRALS

|   |  |
|---|--|
| 6.1 How are children/adolescents usually referred to your institution?  | <input type="checkbox"/> Health Professionals (Doctors, Nurses, etc.)<br><input type="checkbox"/> Teachers or Other Educational Professionals<br><input type="checkbox"/> Religious Leaders (Pastors, Imams)<br><input type="checkbox"/> Traditional Healers<br><input type="checkbox"/> NGO's/CBO's<br><input type="checkbox"/> Police<br><input type="checkbox"/> Friends/Relatives/People in the Community<br><input type="checkbox"/> Other: |
| 6.2 Does your institution refer children or adolescents to other institutions or professionals?<br><br>If yes, for what services? | Yes / No<br><br><input type="checkbox"/> Assessment or Treatment of Health Conditions<br><input type="checkbox"/> Religious Advice and Support, Prayer<br><input type="checkbox"/> Traditional Healing<br><input type="checkbox"/> (Special) Education<br><input type="checkbox"/> Legal Assistance<br><input type="checkbox"/> Financial/Livelihood Support<br><input type="checkbox"/> Other:  |
| 6.3 With what institution, organisation or professional are you working most closely together?                                    |  |

#### 7. CHALLENGES IN CHILD/ADOLESCENT MENTAL HEALTH CARE

Please share some of the constraints/challenges you are experiencing in the treatment of children and adolescents in your institution.