

Parents' questionnaire
CAMHSSS-Unit

38 Did you have the opportunity to meet regularly with other parents of children with similar problems (parents' group), to help you to understand and help your child?

Yes ⇒ What is your overall feeling about this..... ⁵ ⁴ ³ ² ¹

No ⇒ Do you think that this may have been helpful.... Yes No Don't Know

39 Did your child receive sufficient help from the service with your education (keeping up with schoolwork, taking exams)?

Yes ⇒ What is your overall feeling about this..... ⁵ ⁴ ³ ² ¹

No ⇒ Do you think that this may have been helpful.... Yes No Don't Know

For questions 40-42 please write in your own words what you liked and disliked most about your experience on the unit, and what you would like to change

40 The things I liked most about our experiences on the unit:

41 The things disliked most about our experiences on the unit:

42 The things I would like to change:

Thank you for your time

We would like to know of your opinion about the services you received from the unit. All information that you give will be treated in the strictest confidence. Feed-back from parents and young people is an important part of the regular review and development of the services.

Questions 1 to 31 all begin with the phrase 'WHAT IS YOUR OVERALL FEELING ABOUT'... For each question please express whether your overall feelings were very happy, happy, mixed, unhappy or very unhappy, by shading in a circle using the key below:

Very Happy = 5 Happy = 4 Mixed = 3 Unhappy = 2 ³ Very Unhappy = 1
Please ensure that you shade the circle in fully (for example:)

'WHAT IS YOUR OVERALL FEELING ABOUT'

- | | | | | | |
|--|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| 1. the effect of services in helping your child deal with his/her problems..... | <input type="radio"/> ⁵ | <input type="radio"/> ⁴ | <input type="radio"/> ³ | <input type="radio"/> ² | <input type="radio"/> ¹ |
| 2. the appearance and comfort level of the rooms..... | <input type="radio"/> ⁵ | <input type="radio"/> ⁴ | <input type="radio"/> ³ | <input type="radio"/> ² | <input type="radio"/> ¹ |
| 3. how the professionals (doctors, psychologists, nurses, therapists) listened to your child and understood the problems..... | <input type="radio"/> ⁵ | <input type="radio"/> ⁴ | <input type="radio"/> ³ | <input type="radio"/> ² | <input type="radio"/> ¹ |
| 4. the personal manner of professionals..... | <input type="radio"/> ⁵ | <input type="radio"/> ⁴ | <input type="radio"/> ³ | <input type="radio"/> ² | <input type="radio"/> ¹ |
| 5. the professionals keeping time of appointments..... | <input type="radio"/> ⁵ | <input type="radio"/> ⁴ | <input type="radio"/> ³ | <input type="radio"/> ² | <input type="radio"/> ¹ |
| 6. how much it cost your family to use the service, for example, in travelling cost, time off work..... | <input type="radio"/> ⁵ | <input type="radio"/> ⁴ | <input type="radio"/> ³ | <input type="radio"/> ² | <input type="radio"/> ¹ |
| 7. the effect of services in helping to prevent the return of your child's problems..... | <input type="radio"/> ⁵ | <input type="radio"/> ⁴ | <input type="radio"/> ³ | <input type="radio"/> ² | <input type="radio"/> ¹ |
| 8. the confidentiality and respect for your child's rights..... | <input type="radio"/> ⁵ | <input type="radio"/> ⁴ | <input type="radio"/> ³ | <input type="radio"/> ² | <input type="radio"/> ¹ |
| 9. the explanation given about the treatment..... | <input type="radio"/> ⁵ | <input type="radio"/> ⁴ | <input type="radio"/> ³ | <input type="radio"/> ² | <input type="radio"/> ¹ |
| 10. the effect of services in helping your child to feel better..... | <input type="radio"/> ⁵ | <input type="radio"/> ⁴ | <input type="radio"/> ³ | <input type="radio"/> ² | <input type="radio"/> ¹ |
| 11. the response of services to crises and urgent needs during working hours..... | <input type="radio"/> ⁵ | <input type="radio"/> ⁴ | <input type="radio"/> ³ | <input type="radio"/> ² | <input type="radio"/> ¹ |
| 12. the arrangements after working hours..... | <input type="radio"/> ⁵ | <input type="radio"/> ⁴ | <input type="radio"/> ³ | <input type="radio"/> ² | <input type="radio"/> ¹ |
| 13. being referred to other services if needed, (for example, to a paediatrician, educational psychologist, or social services)..... | <input type="radio"/> ⁵ | <input type="radio"/> ⁴ | <input type="radio"/> ³ | <input type="radio"/> ² | <input type="radio"/> ¹ |
| 14. how well different services worked together to help your child (for example, arranging help after discharge)..... | <input type="radio"/> ⁵ | <input type="radio"/> ⁴ | <input type="radio"/> ³ | <input type="radio"/> ² | <input type="radio"/> ¹ |
| 15. the information about the unit..... | <input type="radio"/> ⁵ | <input type="radio"/> ⁴ | <input type="radio"/> ³ | <input type="radio"/> ² | <input type="radio"/> ¹ |
| 16. the kinds of service offered to your child..... | <input type="radio"/> ⁵ | <input type="radio"/> ⁴ | <input type="radio"/> ³ | <input type="radio"/> ² | <input type="radio"/> ¹ |

WHAT IS YOUR OVERALL FEELING ABOUT...

- 17. the service you have received, in a general sense..... 5 4 3 2 1
- 18. the advice given to you about how you could help your child..... 5 4 3 2 1
- 19. how effective the service was in helping your child improve his/her knowledge and understanding of the problems..... 5 4 3 2 1
- 20. how effective the service was in helping the relationship between your child and you..... 5 4 3 2 1
- 21. how effective the service was in helping you to understand your child's problems..... 5 4 3 2 1
- 22. how information was given to the child about the nature of the problems and what to expect in the future..... 5 4 3 2 1
- 23. the ability of professionals to listen to and understand the worries you may have about your child..... 5 4 3 2 1
- 24. how effective the service was in helping your child establish good relationships with people outside your family (friends, neighbours, people at school)..... 5 4 3 2 1
- 25. how information was given to you about your child's problem and what to expect in the future..... 5 4 3 2 1
- 26. the advice your child was given about what to do when on leave..... 5 4 3 2 1
- 27. how effective the service was in helping you deal better with your child's problem..... 5 4 3 2 1
- 28. how effective the service was in helping your child do better at school or college..... 5 4 3 2 1
- 29. the continuity of care you have received (that is, seeing the same people)..... 5 4 3 2 1
- 30. the length of time before a first appointment was arranged..... 5 4 3 2 1
- 31. the length of time between discharge and follow-up appointments..... 5 4 3 2 1

Questions 32 to 39 require a 'Yes' or 'No' answer first. Please respond by colouring in the correct circle.

If you answered 'Yes' then please respond to the additional question 'What is your overall feeling about this' by colouring in a circle using the key (as before).

If you answered 'No' then please respond to the additional question: 'Do you think that this may have been helpful', by colouring in the 'Yes', 'No' or 'Don't know' circle.

- 32 Was medication prescribed or recommended for your child by a Child and Adolescent Psychiatrist?
 - Yes ⇒ What is your overall feeling about this..... 5 4 3 2 1
 - No ⇒ Do you think that this may have been helpful..... Yes No Don't Know
- 33 Did he/she receive help from the service to cope with social and school life (e.g. going to school, getting on with people, or changing courses)?
 - Yes ⇒ What is your overall feeling about this..... 5 4 3 2 1
 - No ⇒ Do you think that this may have been helpful..... Yes No Don't Know
- 34 Did your child have the opportunity to meet alone, on a regular basis with a therapist?
 - Yes ⇒ What is your overall feeling about this..... 5 4 3 2 1
 - No ⇒ Do you think that this may have been helpful..... Yes No Don't Know
- 35 Was your child detained under the Mental Health Act?
 - Yes ⇒ What is your overall feeling about this..... 5 4 3 2 1
 - No ⇒ Do you think that this may have been helpful.... Yes No Don't Know
- 36 Did your family have regular meetings with a family therapist (i.e. to improve the relationship between family members)?
 - Yes ⇒ What is your overall feeling about this..... 5 4 3 2 1
 - No ⇒ Do you think that this may have been helpful..... Yes No Don't Know
- 37 Did your child receive group therapy (e.g. meetings of a group of children/adolescents)?
 - Yes ⇒ What is your overall feeling about this..... 5 4 3 2 1
 - No ⇒ Do you think that this may have been helpful..... Yes No Don't Know