

Online supplement



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**South London & Maudsley (SlaM) NHS Trust AND Southwark PCT\***

**PRIMARY CARE PSYCHOLOGICAL THERAPIES NEEDS ASSESSMENT QUESTIONNAIRE**

Questionnaire number

Your views both on Psychological Therapies Services that in your experience work well and also barriers to managing patients with psychological problems are extremely important and we would be very grateful if you could take 10–15 minutes to fill in this questionnaire and return it in the reply pre-paid envelope. **Thank you for completing this questionnaire – please tick the relevant boxes and write numbers and free text in the spaces provided**

**ABOUT YOUR PRACTICE**

- 1.a. Please give the practice list size \_\_\_\_\_
- 1.b. Please tick whichever applies: PMS  GMS
- 1.c. Number of Partners \_\_\_\_ 1.d. Number of Assistants \_\_\_\_ 1.e Number of Retainers \_\_\_\_
- 1.f. How many whole-time equivalent GPs do you have working in the practice? \_\_\_\_
- 1.g. Is it a training practice? YES  NO

**ABOUT YOU** Please tick the relevant box

- 2. a. Female  Male  2.b. Age less than 45 years  Age more than 45 years
- 2.c. How many years have you been working in general practice since completing your GP training?  
\_\_\_\_\_

**YOUR GP TRAINING**

- 3.a. Please tick whichever applies to you as regards your GP training: VTS  Own scheme
- 3.b. Have you had postgraduate training in psychiatry? YES  NO
- 3.c. If you have had training in psychiatry, could you tick whichever applies:  
6/12 as an SHO as a part of the VTS scheme  >6/12 as an SHO in psychiatry   
Registrar level in psychiatry  Obtained the MRCPsych

- 3.d. Have you had other training in working with patients with psychological problems;  
e.g. counselling courses, Balint group, seminars or workshops – please specify;

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**WORKING WITH PATIENTS WITH PSYCHOLOGICAL PROBLEMS**

**4. Please tick the relevant box for each statement**

I find seeing and managing patients with psychological problems:

	<u>Strongly</u> <u>agree</u>	<u>Agree</u>	<u>Neutral</u>	<u>Disagree</u>	<u>Strongly</u> <u>disagree</u>
4.a. Interesting	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
4.b. Challenging	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
4.c. Depressing	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
4.d. Makes me want to help	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
4.e. Difficult	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
4.f. Frustrating	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
4.g. Time consuming	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
4.h. Frightening	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
4.i. I need more support	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
4.j. Takes too much energy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
4.k. NICE guidelines are helpful	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**5. If you were to have access to limited funding for the improvement of psychological services for patients in your practice please give your preferences for using this money. They are not given in any particular order**

*Please put a number in each box to rank from 1–5 (1) HIGHEST PRIORITY to (5) LOWEST PRIORITY:*

- 5.a. Increased GP consultation time with patients with psychological problems
- 5.b. Increased availability of counselling for patients in your practice
- 5.c. Increased availability of self-help materials, including CD Roms or web-based materials
- 5.d. Increased access to SlaM Psychotherapy and Psychology services
- 5.e. Primary care mental health worker to improve liaison with voluntary services

**6.a. Would you like further training to help in your work with patients with psychological problems?**

Yes  No

**6.b. If yes, what sort of format would you like: Please tick appropriate box**

Lectures  Small groups  CD/Web based

**6.c. Please specify any topic in mental health that you would like to gain more knowledge about, which could help you in your daily practice with patients with psychological difficulties.**

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**6.d. Please specify any difficult situations/groups of patients that you would like help with in better understanding and managing.**

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**PRACTICE COUNSELLING SERVICES**

7.a. Do you have access to a counsellor within primary care team?

No  Yes in the surgery  Yes in another practice  Yes in the Health Centre

7.b. Could you describe what type of counsellor(s) you have access to for your patients? (e.g. general counselling services, family therapy, drug support counselling)

.....  
 .....

7.c. How often do you have practice meetings dedicated to patients with psychological problems?

Monthly  3-6 Monthly  Discussed during usual practice meetings  Not at all

**WORKING WITH SECONDARY CARE PSYCHOLOGICAL THERAPIES SERVICES**

*(SlaM is working towards integrating the provision of these services across boroughs and 'Psychological Therapies' refers to both Psychotherapy and Psychology)*

8. Do you currently refer patients to Psychological Therapies Services in SlaM? YES  NO

9. If you do refer, approximately how frequently do you refer patients?

> 2 times per 6/12  1-2 times per 6/12  once per year or less

10. How do you feel about access to SlaM Psychological Therapies Services?

*Please tick the relevant box for each statement*

	<u>Strongly agree</u>	<u>Agree</u>	<u>Neutral</u>	<u>Disagree</u>	<u>Strongly disagree</u>
10.a. I am very happy with these services	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
10.b. Waiting time to assessment is a problem	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
10.c. Difficult to know who to refer where	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
10.d. Feedback about patients is unsatisfactory	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

11. Please tick the categories that best match each statement below, with regard to SlaM Psychological Therapies referrals

	<u>Strongly agree</u>	<u>Agree</u>	<u>Neutral</u>	<u>Disagree</u>	<u>Strongly disagree</u>
11.a. Waiting time to treatment is a problem	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
11.b. Patients are satisfied with their care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
11.c. Patients have good outcomes clinical	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
11.d. Other – please specify					

12. My preferred referral route(s) to SlaM Psychological Therapies Services (PTS) would be:

*(Please tick as many options as apply)*

- 12.a. Via the local CMHT
- 12.b. Directly to the psychology / psychotherapy departments concerned
- 12.c. To named Consultant Psychiatrist in Psychotherapy with whom you have a good relationship
- 12.d. Via a Single Post-Box for the Borough
- 12.e. Option to refer directly to department, Consultant, or via Single Post-Box
- 12.f. Via GP counsellors
- 12.g. Other – please specify

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**13. Which types of Psychological Therapies are you aware of SLaM in Southwark providing:**

- 13.a. Psychodynamic                      Yes                       No
- 13.b. CBT                                      Yes                       No
- 13.c. Family/Couple                      Yes                       No
- 13.d. CAT                                      Yes                       No
- 13.e. Cawley Centre                      Yes                       No
- 13.f. IPTS                                      Yes                       No

**14. Which services are you confident about accessing:**

- 14.a. Psychodynamic                      Yes                       No
- 14.b. CBT                                      Yes                       No
- 14.c. Family/Couple                      Yes                       No
- 14.d. CAT                                      Yes                       No
- 14.e. Cawley Centre                      Yes                       No
- 14.f. IPTS                                      Yes                       No

**15. It is important to have secondary care Psychological Therapies Services for patient with the following conditions:**

	<u>Strongly agree</u>	<u>Agree</u>	<u>Neutral</u>	<u>Disagree</u>	<u>Strongly disagree</u>
15.a. Psychosomatic disorders	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
15.b. Personality difficulties	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
15.c. Anxiety/Depression	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
15.d. Forensic disorders	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
15.e. Older Adults	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
15.f. Perinatal (women & babies)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
15.g. Other – please specify					

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**16. Could you please list up to 3 things, which in your experience work well when using SLaM Psychological Therapies Services?**

- 1. ....
- 2. ....
- 3. ....

**17. Could you please list up to 3 things, which in your experience do not work well when using SLaM Psychological Therapies Services – PLEASE DESCRIBE ANY SPECIFIC PROBLEMS AND/OR SUGGESTIONS FOR IMPROVEMENT WHERE POSSIBLE**

- 1. ....
- 2. ....
- 3. ....

(continued)



18. In talking with some of your colleagues in General Practice, it was felt important to have more contact with a Medical Psychotherapist (Consultant Psychiatrist in Psychotherapy) in SLaM. It was thought this could increase awareness, sensitivity and breath of experience in dealing with patients with psychological issues – present in every consultation but especially in those with difficult to manage patients. The following might be provided – could you indicate which you would find helpful?

	<u>Strongly agree</u>	<u>Agree</u>	<u>Neutral</u>	<u>Disagree</u>	<u>Strongly disagree</u>
18.a. Regular face-to-face consultations about difficult-to manage patients	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
18.b. Telephone surgeries about difficult-to manage patients	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
18.c. Staff Support Groups	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
18.d. Balint Groups (facilitated psychotherapeutic work-discussion)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**ACCESS TO PSYCHOLOGICAL THERAPIES SERVICES FOR DIFFERENT ETHNIC GROUPS**

19. How do you feel about access to Psychological Therapies Services for different ethnic groups?

	<u>Strongly agree</u>	<u>Agree</u>	<u>Neutral</u>	<u>Disagree</u>	<u>Strongly disagree</u>
19.a. Access is the same as for other groups	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
19.b. I am not aware of any special services	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
19.c. There is a need for more ethnic counsellors	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
19.d. There is a need for more voluntary services	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
19.e. There is a need for more multilingual material	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
19.f. Other					

**VOLUNTARY SERVICES**

20. I use the voluntary sector to refer patients with psychological problems

Most of the time  Sometimes  Never

21. The factors influencing my referrals to voluntary services are: *Please tick the appropriate box*

	<u>Strongly agree</u>	<u>Agree</u>	<u>Neutral</u>	<u>Disagree</u>	<u>Strongly disagree</u>
21.a. Quality of the service	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
21.b. Waiting time	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
21.c. Local access	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
21.d. Up to date information	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

22. Please list up to 3 voluntary services for people with psychological problems that you use most frequently

1. ....
2. ....
3. ....

**THANK YOU FOR YOUR TIME.**