

Additional Document 2

Service audit



COSMHAD Service Questionnaire

Page 1: COSMHAD Questionnaire

Dear respondent,

Thank you very much for agreeing to complete this service audit survey. The purpose of this survey is to help us build a detailed picture of what treatment for Co-Occurring **Serious Mental Health problems** and **Alcohol/Drug use** (COSMHAD, often referred to as Dual Diagnosis) looks like across the United Kingdom.

In the context of our study, serious mental illness refers to people with schizophrenia, bipolar affective disorder, schizoaffective disorder, delusional disorder, or severe and enduring depressive disorder (this includes people with diagnoses of personality disorder, if this is in addition to having a serious mental illness as listed above).

When answering the survey questions, it is really important that you provide as much detail as possible, as this will help us build the most accurate picture of how your service works. We understand that you might need to ask other people for information when answering some of the questions, and we have designed the survey so that it can be closed and reopened as many times as you need.

We are also aware that you are likely very busy and may not have the time available to complete the entire questionnaire. For this reason, we are happy to arrange a phone call with you to collect the data from you ourselves, meaning that you don't have to spend the time typing out all your answers. We can then send you or your employer a separate request for any missing data.

You can find out more about the RECO project [here](#), and if you have any questions please contact Dr Tom Ainscough at this address: tainscough@leeds.ac.uk

Page 2: COSMHAD Questionnaire

1. Who commissions your COSMHAD service/treatment pathway? If you are commissioned to provide multiple services, please provide details of each service in the "other" section * *Required*

Please select at least 1 answer(s).

- Local authority
- Public Health England
- Clinical Commissioning Group
- Joint commissioning (provide details)
- Other (provide details)

1.a. If you selected Other, please specify:

1.b. Joint commissioning further details

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2. Who is the main treatment provider? * Required

Please select at least 1 answer(s).

- NHS mental health
- Substance use treatment provider (please provide details)
- Jointly across both (If so, is there a lead organisation and which aspects of joint work fall to which service?)
- Other (e.g. broader NHS, social care, third sector, housing, criminal justice system – please provide details)

2.a. If you selected substance use treatment provider, please provide more detail

2.b. If you selected jointly, please provide details

2.c. If you selected Other, please specify:

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3. What is the nature of the care pathway and/or joint working agreement? (See further information) Please provide as much detail as possible! * Required

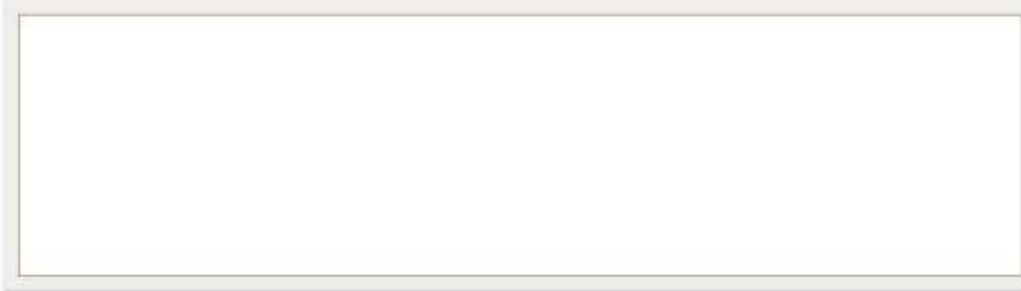
 More info

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4. How is your service audited and evaluated? Please provide as much detail as possible on the methods and metrics used * Required

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5. What is the main remit of your service and what are the inclusion/exclusion criteria used?

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6. Which from the list below best describes your service model? (Tick as many as apply) * Required

Please select at least 1 answer(s).

- Sequential (treatment for only mental health or drug/alcohol at one time)
- Mainstreaming (all care delivered with mental health setting)
- Parallel (mental health and drug/alcohol treatment provided at the same time but in isolation from each other)
- Integrated (mental health and drug/alcohol treatment providers working together collaboratively)
- Stand-alone posts (e.g. Consultant nurse)
- Link worker/champion model
- Specialist lead clinician
- Workforce development training and supervision
- Trauma Informed Care and Psychologically Informed Environments

6.a. Please provide more detail * Required

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7. Which of the following interventions or activities does your service provide? Please tick as many as applicable. *
Required

Please select at least 1 answer(s).

- Brief advice
- Detoxification
- Psychosocial interventions
- Psychological therapies
- Social and educational (recovery)
- Harm reduction
- Other

7.a. Please provide more detail

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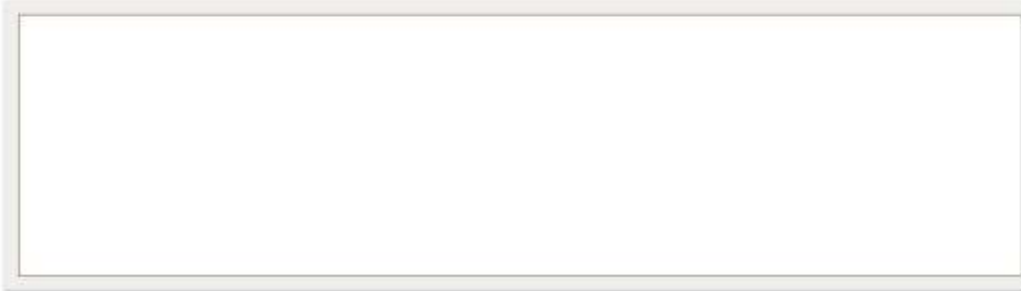
8. How are the treatments you provide delivered?

- In groups (if so, are the groups mixed or solely for COSMHAD?)
- One to one
- Online
- Over the phone
- Other

8.a. Please provide more detail

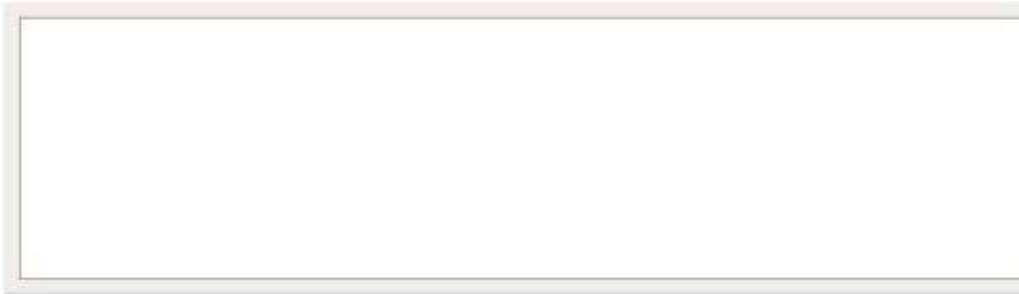
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9. Who delivers these treatments/interventions that you deliver and is this a formal or informal part of their role?

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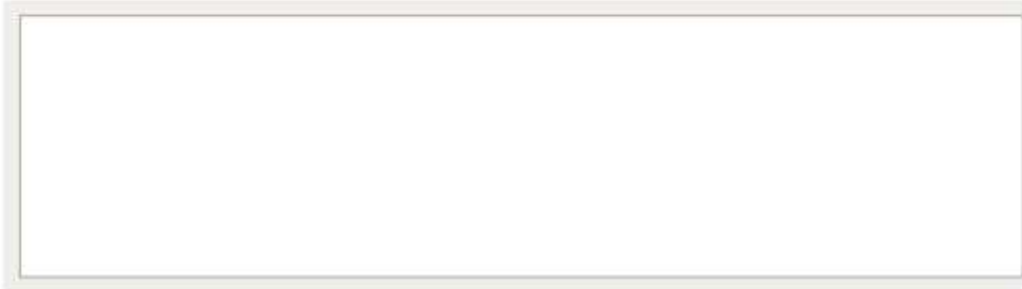
10. What training, supervision and support is offered to staff across the locality who work with COSMHAD clients?



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11. How does your service model enable service users to access mainstream services? Please give detail regarding the type of consultancy / advisory / leadership role and functions the staff use. * *Required*

[More info](#)



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12. What are the barriers to accessing a range of mainstream treatment that people with COSMHAD experience in your area?



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13. Please tell us about the nature of the people that engage with your service including: sources of referral; types of need and presenting problems; average length of contact; and outcomes (e.g. successful engagement with another agency)

14. What is the number and type and pay grades of whole-time equivalent staff who are hired specifically to deliver the COSMHAD treatment provision? If there is no one specifically employed to deliver or oversee COSMHAD treatment, please explain why this is the case. * Required

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Thank you very much for completing this questionnaire, we really appreciate you taking the time to do so. If you require any information about the study, or need to contact us for any reason, please email Dr Tom Ainscough at t.ainscough@leeds.ac.uk
