

Appendix U: Clinical evidence – NGT blank questionnaires

Appendix U: Nominal group technique questionnaires 1

Appendix U: Nominal group technique questionnaires **Error! Bookmark not defined.**

U.1 Staff training 2

U.2 Assessment 7

U.2.1 Principles 7

U.2.2 Purpose 12

U.2.3 Structure 16

U.2.4 Outcomes 19

U.2.5 Risk management 24

U.2.6 Additional considerations 27

U.2.7 Re-rated statements 31

U.3 Personality disorders (excluding BPD and APD) 35

U.1 Staff training

Name:										
Mental health awareness and general principles										
	Strongly disagree								Strongly agree	Insufficient knowledge
1. Staff should receive training regarding the prevalence of mental health problems in the criminal justice service.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
2. Staff should receive training about commonly occurring mental health problems (e.g., substance misuse, neurodevelopmental disorders, acquired cognitive impairment, personality disorder) in the criminal justice system and the impact these may have.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
3. Staff working in the criminal justice service should be trained to recognise possible mental health problems.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										

4. Staff should receive training in recognising and responding to communication problems arising from or related to mental health problems.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
5. Frontline staff should have knowledge of mental health problems and have an understanding of their impact on behaviour in the criminal justice context.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
6. Staff with regular and sustained contact with service users should be aware of changes in behaviour and consider that these may indicate the onset of, or changes to, mental health problems.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
7. Staff should receive training to enable them to respond effectively to service users' needs.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
8. All staff should be educated about the stigma and discrimination that is associated with mental health problems and associated behaviours such as self-harm, and the need to avoid judgemental attitudes.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										

9. Where possible, training should be multi-disciplinary to increase consistency and promote the development of positive working relationships.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
10. Staff should receive training in common protocols for dealing with mental health problems in the criminal justice system (e.g., in-possession medication, side-effects, withdrawal.)	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
Delivering interventions										
	Strongly disagree								Strongly agree	Insufficient knowledge
1. Staff working in the criminal justice service should be trained to make, or seek advice on, appropriate referrals.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
2. Staff should be informed about the effectiveness of interventions and management strategies.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>

Comments:										
3. Teams carrying out assessments and delivering interventions should have the training and supervision needed to ensure they have the necessary skills and competencies.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
4. Teams should receive training regarding dealing with critical incidents.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
5. Staff working in the criminal justice service should have routine supervision and access to support to enable them to deliver interventions.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
6. All staff should receive training in stress management and how this may affect their interactions with service users and their own mental health and wellbeing.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
7. All staff should be trained in the assessment, treatment, and management of self-harm.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										

8. Staff should be trained in de-escalation methods to minimise the use of restrictive interventions.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
9. Staff should receive training and support in delivering mental health interventions within the constraints of the criminal justice system.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
Knowledge of mental health and criminal justice services										
	Strongly disagree								Strongly agree	Insufficient knowledge
1. All staff working in the criminal justice service should have a comprehensive induction in which the purpose of the service, and the role and availability of other related local services, is made clear.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
2. All staff should receive a comprehensive induction regarding the roles and responsibilities of criminal justice, health and social care staff.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										

3. Staff should receive training regarding legislation and local policies for sharing information with others involved in the service user's care.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
4. Staff should receive information regarding common terms and acronyms used in the criminal justice system (e.g. remand, licence).	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										

U.2 Assessment

U.2.1 Principles

Name:										
General principles										
	Strongly disagree								Strongly agree	Insufficient knowledge
11. All assessments should be conducted with an understanding of the context and setting in which they are undertaken and the use of the outcome of the assessment.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										

12. Assessments should be reviewed and revised as further information emerges during ongoing contact with the service user.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
13. A comprehensive assessment should identify service users' strengths that may support therapeutic change.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
14. Staff conducting a comprehensive assessment should understand how the service user's physical and social environment may contribute to the development or maintenance of their psychological problems and emotional distress.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
15. A comprehensive assessment should lead to an understanding of the purpose and function of the offending behaviour within the service user's environment and to the development of alternative adaptive strategies.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
16. Service users should be offered a follow-up appointment and be given the opportunity to discuss outcomes and implications of the comprehensive assessment.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
Collaborative assessment										

Appendix U: Clinical evidence – NGT blank questionnaires

	Strongly disagree								Strongly agree	Insufficient knowledge
17. Comprehensive assessment should be undertaken in a collaborative manner and maximise the contribution of all people involved.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
18. A comprehensive assessment should include all services involved in the care of the service user.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
19. Staff conducting the assessment should engage the service user in a collaborative discussion of their treatment options and support their participation in decision making.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
20. Staff conducting a comprehensive assessment should consider involving a family member, partner, carer or advocate to support the service user and help explain feedback from the assessment.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
21. Families and carers should be included in decision making if the service user agrees.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										

22. At the beginning of a comprehensive assessment the preferred format for feedback about the outcome of the assessment and formulation should be discussed with the service user.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
23. How information about the service user will be shared with families, carers and other staff members should be negotiated with service users and carers.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
24. Staff conducting a comprehensive assessment should be able to identify and consider the reasons for any significant differences between the service user's and practitioner's views.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
25. Staff should discuss any queries or concerns that the service user may have regarding the assessment process and ensure they feel comfortable about asking questions.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
26. A collaborative formulation should clearly acknowledge the factors that the service user perceives are pertinent to their presentation.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
Accessible assessments										

	Strongly disagree								Strongly agree	Insufficient knowledge
27. The structure and pace of an assessment should be tailored to the service user's level of comprehension and emotional readiness.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
28. The presentation of information should be tailored to the level of comprehension and emotional readiness of the individual.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
29. Assessments should involve an appropriate adult or relevant specialist where appropriate.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
30. Adjustments should be made for physical and learning disabilities when necessary.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
31. A comprehensive assessment should be flexible and responsive to new information and concerns.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
32. Staff conducting a comprehensive assessment should be competent in a range of communication skills, including the assessment of people with communication difficulties and sensory impairments.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>

35. The purpose of the assessment, and how the data may be used, should be made clear to any individuals involved in the assessment, including other staff members.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
36. A comprehensive assessment should take into account symptom severity, the service user's understanding of the problem, degree of distress and functional impairment.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
37. A comprehensive assessment should assess the impact that mental health problems may have on treatment planning.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
Needs assessment										
	Strongly disagree								Strongly agree	Insufficient knowledge
38. A comprehensive assessment should assess multiple areas of need, including social and personal circumstances, physical health, occupational rehabilitation, and previous care and support.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
Diagnosis or problem specification										

	Strongly disagree								Strongly agree	Insufficient knowledge
39. Obtaining a diagnosis or problem specification is central to a comprehensive assessment.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
40. A comprehensive assessment should determine the nature, duration and severity of the presenting disorder or problem.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
41. A comprehensive assessment should assess for possible coexisting problems.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
Risk assessment and management										
	Strongly disagree								Strongly agree	Insufficient knowledge
42. Risk to self (self-harm, self-neglect and victimisation) should be assessed as part of a comprehensive assessment.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
43. Risk to others (aggression, violence and sexual offending) should be assessed as part of a comprehensive assessment.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>

Comments:										
44. Risk assessment should assess the type of events that may occur and potential triggers.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
45. Risk assessment should assess the likelihood, imminence, and severity of events.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
46. Risk assessment should involve a systematic assessment of demographic, psychological, social and historical factors.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
47. Risk assessment should be informed by knowledge of the service user and their social context.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
48. Risk assessment should always inform a risk management plan.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
49. A risk management plan should identify interventions and protective factors that may reduce risk.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
Formulation										

	Strongly disagree								Strongly agree	Insufficient knowledge
50. A formulation should provide a shared understanding of the nature of any problems and the factors leading to their development and maintenance.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
51. A formulation should provide a shared understanding of the focus and potential impact of any interventions.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
52. A formulation should consider potential barriers to accessing and engaging in interventions.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
53. A formulation should consider any risk factors and the impact of the social and physical environment.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										

U.2.3 Structure

Name:
Staff conducting the assessment

	Strongly disagree									Strongly agree	Insufficient knowledge
54. A comprehensive assessment should be conducted by a multidisciplinary team.	1	2	3	4	5	6	7	8	9		<input type="checkbox"/>
Comments:											
55. Staff conducting a comprehensive assessment should be trained and competent in using a range of assessment and routine outcome measures.	1	2	3	4	5	6	7	8	9		<input type="checkbox"/>
Comments:											
56. Staff conducting a comprehensive assessment should have knowledge of diagnostic classification systems and their limitations.	1	2	3	4	5	6	7	8	9		<input type="checkbox"/>
Comments:											
57. Staff conducting a comprehensive assessment should be aware that base rates of behaviour and thresholds for interventions may differ in criminal justice populations.	1	2	3	4	5	6	7	8	9		<input type="checkbox"/>
Comments:											

Involving service users, families and carers in the assessment										
	Strongly disagree								Strongly agree	Insufficient knowledge
58. A comprehensive assessment should consider the views of individuals relevant to the care of the service user, including families, carers and other staff members.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
59. A comprehensive assessment should elicit service users' views and corroborate these with families, carers, or other informants.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
60. A comprehensive assessment should corroborate information with families and carers, if agreed by the service user.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
Data sources										
	Strongly disagree								Strongly agree	Insufficient knowledge
61. A comprehensive assessment should evaluate and integrate information from multiple sources, including structured interviews with service users and others, standardised assessments and clinical records.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>

Comments:										
62. A comprehensive assessment should review history and past behaviour.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
63. Staff conducting a comprehensive assessment should be able to appraise the reliability and validity of data sources.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
64. Staff conducting a comprehensive assessment should use measures that have been developed in, or adapted for, the criminal justice system.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
65. When selecting assessment tools, staff should consider their utility, cost and availability.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										

U.2.4 Outcomes

Name:
General statements

	Strongly disagree								Strongly agree	Insufficient knowledge
66. Staff conducting a comprehensive assessment should collaborate with the service user to agree appropriate outcome measures (for example, symptom severity and quality of life).	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
67. Staff conducting a comprehensive assessment should inform the service user that they may be required to monitor behaviours that may indicate a risk to self or others.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
Personal goals and priorities										
	Strongly disagree								Strongly agree	Insufficient knowledge
68. An outcome of a comprehensive assessment should be the identification of realistic and optimistic long-term goals.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										

69. An outcome of a comprehensive assessment should be the identification of short-term goals (linked to long-term goals) and steps to achieve them.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
70. Goals for interventions should be prioritised and start with areas most likely to be amenable to change.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
The care plan to address goals										
	Strongly disagree								Strongly agree	Insufficient knowledge
71. The care plan should be informed by the comprehensive assessment, the formulation that emerges from this and the service user's goals.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
72. Initial care and risk management plans appropriate for the current setting should be developed as soon as possible following assessment.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
73. Initial care and risk management plans should be communicated verbally and in writing to the service user and all agencies involved in their care in a timely manner.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										

Appendix U: Clinical evidence – NGT blank questionnaires

74. The care plan should be multidisciplinary and developed collaboratively with the service user and, if they agree, their family or carers.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
75. The care plan should identify appropriate evidence-based interventions.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
76. The care plan should include a profile of the service user's needs, including any necessary adaptations to the social or physical environment.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
77. The care plan should take into account the needs of families and carers.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
78. Risk and crisis management plans should be incorporated into the care plan.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
79. The care plan should identify the roles and responsibilities of individuals involved in the service user's care.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
Referral to other services										

	Strongly disagree								Strongly agree	Insufficient knowledge
80. A comprehensive assessment should identify appropriate treatment and referral options in line with relevant NICE guidance.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
81. When making a referral, sufficient information should be provided to allow the service to make an informed decision about how to proceed.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
Monitoring of individualised and standard outcomes										
	Strongly disagree								Strongly agree	Insufficient knowledge
82. Service users should be monitored regularly for changes in symptoms and functioning.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
83. Criteria should be agreed to determine when assessments should be reviewed.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
84. The care plan should establish a timetable to review whether goals have been met by an agreed time or point in treatment.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>

Comments:										
85. Outcome measures should be selected that are designed to detect changes in the areas targeted by interventions.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										

U.2.5 Risk management

Name:										
	Strongly disagree								Strongly agree	Insufficient knowledge
86. Risk management plans should include interventions aimed at preventing negative events from occurring.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										

87. Risk management plans should include interventions aimed at minimising any harm that may be caused.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
88. Risk management plans should be based on awareness of the possibility that the service user's risk level may change over time.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
89. Risk management plans should recognise that each service user requires a consistent and individualised approach.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
90. Risk management plans should include interventions to reduce risk.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
91. Risk management plans should include agreed measures of risk and how these will be monitored and reported.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>

Comments:										
92. Risk management plans should assist service users to identify, anticipate and prevent high risk situations.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
93. Risk management plans should be shared with appropriate individuals and agencies to facilitate effective monitoring and reduction of risk behaviour.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
94. Risk management plans should specify how and when the risk will be reviewed.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
95. Risk management plans should take into account protocols and procedures for the management of risk for the setting(s) in which they are developed.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										

96. Risk management plans should take account of any legal or statutory responsibilities placed on the individuals or services in the setting in which they are used.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										

U.2.6 Additional considerations

Name:										
Constraints associated with the criminal justice system										
	Strongly disagree								Strongly agree	Insufficient knowledge
97. Staff conducting a comprehensive assessment should be aware that service users may have negative expectations based on prior experiences with mental health services or the criminal justice system.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
98. Staff should ensure that comprehensive assessments are undertaken in an environment that is suitable and private.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>

Comments:										
99. Staff conducting a comprehensive assessment should inform service users that they may have a legal or ethical duty to disclose information relating to the security of the institution or the safety of others.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
100. Confidentiality in relation to sharing information with other agencies should be discussed with the service user.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
101. Consent to share information with other agencies should be sought.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
Transition between services – repeating assessments/sharing data										
	Strongly disagree								Strongly agree	Insufficient knowledge
102. The outcomes of a comprehensive assessment should be shared appropriately and securely with relevant agencies on a need-to-know basis, in accordance with local	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>

policies and legislation.										
Comments:										
103. Staff should make use of reliable pre-existing information to avoid duplicating areas of assessment that have already been undertaken.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
Dealing with misleading or withheld information										
	Strongly disagree								Strongly agree	Insufficient knowledge
104. Staff conducting a comprehensive assessment should be aware that service users may be feigning or minimising mental health problems which may affect test scores.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
Ethos										
	Strongly disagree								Strongly agree	Insufficient knowledge
105. Staff conducting a comprehensive assessment should be empathic, neutral and non-judgemental.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>

Comments:										
106.Mental health problems should be discussed with the service user in a manner that engenders hope by indicating the possibility of change.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
Timing of assessments										
	Strongly disagree								Strongly agree	Insufficient knowledge
107.Service users should be reassessed upon transfer between or out of institutions and following major legal events.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
108.Service users with, or at risk of, mental health problems should be reassessed before discharge and have a care plan in place.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
Organisation of services										
	Strongly disagree								Strongly agree	Insufficient knowledge

109. Systems should be developed for routine data sharing between criminal justice agencies to reduce redundancy in the assessment process.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										

U.2.7 Re-rated statements

Name:										
Principles										
	Strongly disagree								Strongly agree	Insufficient knowledge
110. Where offending behaviour is linked to mental health problems, a comprehensive assessment should aim to increase understanding of the relationship between the mental health problems and the offending behaviour and develop alternative adaptive strategies.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
10. Where appropriate, staff conducting a comprehensive assessment should consider involving a family member, partner, carer or advocate to support the service user and help explain feedback from the assessment. Staff should consider the service user's wishes, the quality of family relationships and obtaining consent for sharing information.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>

Comments:										
23. Staff conducting a comprehensive should consider using validated tools relevant to the disorders or problems being assessed.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
25. Where possible, a comprehensive assessment should take into account, and be integrated with, care plans from other services.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
Purpose										
	Strongly disagree								Strongly agree	Insufficient knowledge
3. A comprehensive assessment should identify any adaptations to interventions or the environment that are required as a result of the service users' mental health problems.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										

5. Obtaining an understanding of the service user's problems is an important component of a comprehensive assessment.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
6. A comprehensive assessment should seek to determine the nature, severity and, where possible, duration of any presenting problems or disorders.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
12. Comprehensive risk assessment should involve a review of demographic, psychological, social and historical factors.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
Structure										
	Strongly disagree								Strongly agree	Insufficient knowledge
1. When required, a comprehensive assessment should be conducted by a multidisciplinary team with a named lead person and organisation.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>

Comments:										
3. Staff conducting a comprehensive assessment should have knowledge and awareness of diagnostic classification systems and their limitations.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
Outcomes										
	Strongly disagree								Strongly agree	Insufficient knowledge
3. An outcome of a comprehensive assessment should be the identification of realistic and optimistic goals and steps to achieve them.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
4. Goals should be agreed upon by the staff and service user.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										

20. Outcomes that require monitoring should be selected based on the service user's goals and areas targeted by interventions.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										

U.3 Personality disorders (excluding BPD and APD)

Name:										
	Strongly disagree								Strongly agree	Insufficient knowledge
Principles										
111. People with personality disorders should not be excluded from any health or social care service because of their diagnosis	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										

Appendix U: Clinical evidence – NGT blank questionnaires

<p>112. Staff should be aware that people with personality disorder may have difficulties with interpersonal functioning; including being very avoidant, perfectionistic, or self-absorbed: having difficulties in forming relationships; and frequent and unpredictable changes in feelings</p>	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
<p>Comments:</p>										
<p>113. Staff should be aware that people with personality disorder difficulties that are often long-standing and affect a range of personal, social, occupational areas of functioning</p>	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
<p>Comments:</p>										
<p>114. Staff should be aware that structure is important for the effective care of people with personality disorder including clear roles and responsibilities, collaborative and explicit agreements about what is expected from a service and what is expected from a client</p>	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
<p>Comments:</p>										
<p>115. Staff should be aware that the presence of a personality disorder may complicate the treatment of other mental disorders</p>	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
<p>Comments:</p>										
<p>116. Interactions with people with personality disorder and should be validating but also judiciously challenged</p>	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
<p>Comments:</p>										

Assessment										
1. Staff should be able to identify common features of personality disorder and make appropriate adjustments for them	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
2. Staff should be aware that people with personality disorder may have difficulties with accurately interpreting and controlling emotions	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
3. Staff should be aware that people with personality disorder may have difficulties with impulse control (e.g. difficulty in planning, seeking out high levels of stimulation, being insensitive to consequences of actions)	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
4. Staff should be aware that people with personality disorder may experience themselves as having a lack of autonomy (e.g. perceive their actions as pointless, find it difficult to set and achieve goals)	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
5. Staff should be aware that people with personality disorder may have an unstable sense of self that is dependent on the context or individuals with whom they are interacting	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										

6. Staff should be aware that people with personality disorder may have difficulties with social functioning (e.g., have a sense of entitlement that overrides the needs of other, find it difficult to relate to and co-operate with others).	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
7. Staff should establish which partner agencies are also involved in the care of a person with personality disorder and clarify the roles/responsibilities of other agencies	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
Interventions										
1. Where complex interventions for personality disorder are delivered this should be a multi-disciplinary context	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
2. Staff involved in the delivery of interventions for people with personality disorder should ensure that adequate case management and advocacy is in place	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
3. Interventions for people with personality disorders should aim to be: supportive (e.g. development of positive therapeutic relationship); facilitate learning (e.g. through feedback and advice); and develop new behaviours (e.g. reality testing and experiencing of successful coping)	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>

Comments:										
4. Staff should work with people with personality disorder to develop a crisis plan including early warning signs, triggers and strategies to reduce the intensity and frequency of crises.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
5. The following components should be considered when developing plans for the general care and management of people with personality disorder: problem solving; articulation and management of emotion; managing interpersonal relationships; managing impulse control, self-harm and medication management (including reducing poly-pharmacy)	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
6. Plans for the general care and management of people with personality disorder should be implemented in a flexible and responsive to manner	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
7. People with personality disorders should be offered treatment for any comorbid disorders in line with recommendations in the relevant NICE clinical guideline	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
8. The duration or intensity of psychological interventions for people with personality disorder should be increased.	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>

Comments:										
9. Changes to any treatments or services for people with personality disorder should be discussed carefully with the individual beforehand and extra effort should be made to engage them in a participatory process for designing and implementing their care	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
10. Effort should be made to ensure that patients feel responsible for their care to generate a sense of self-efficacy	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										
11. A structured, phased approach should be used when changing treatments or services for people with personality disorder	1	2	3	4	5	6	7	8	9	<input type="checkbox"/>
Comments:										