**Mental Health Nursing - Experience Questionnaire**

This questionnaire will be used to assist you and your potential employer to determine which mental health settings would be best suited to your skills and experience. It will also help us identify areas for future training and development.

**Contact Details**

Name:

Country:

Email Address:

Number of years’ experience of working with people with mental health problems:

**Q1**

**TREATMENT SETTINGS EXPERIENCE IN MENTAL HEALTH**

Please indicate whether you have ever worked in the mental health settings below by inserting **Y** or **N** in the appropriate column. If yes, please state approximately how many years’ experience you have had. Please use the comments column to tell us any additional information

|  |  |  |  |
| --- | --- | --- | --- |
| **Treatment Setting** | **Yes/ No** | **If Yes, Approximate Numbers of Years** | **Comments** |
| **Inpatient acute psychiatric ward** |  |  |  |
| **Outpatient clinic/community team** |  |  |  |
| **Forensic ward** |  |  |  |
| **Eating disorder service** |  |  |  |
| **Alcohol/drug misuse services** |  |  |  |
| **Child and Adolescent Mental Health unit** |  |  |  |
| **Other**  |  |  |  |

**Q2**

**MENTAL HEALTH ILLNESS EXPERIENCE**

Please indicate whether you have experience in caring for people with the mental health problems below by replying **Y** or **N** in the appropriate column. If yes, please state approximately how many years’ experience you have had. Please use the comments column to tell us any additional information

|  |  |  |  |
| --- | --- | --- | --- |
| **Mental Health Illness** | **Yes/ No** | **If yes, approximate numbers of years** | **Comments** |
| **Major depression** |  |  |  |
| **Bipolar disorder (manic depression)**  |  |  |  |
| **Schizophrenia/Schizoaffective disorder** |  |  |  |
| **Post-Traumatic Stress Disorder** |  |  |  |
| **Obsessive-compulsive disorder** |  |  |  |
| **Personality disorders /complex emotional needs** |  |  |  |
| **Eating disorders** |  |  |  |
| **Dementia/Alzheimer** |  |  |  |

**Q3**

**ASSESSMENT EXPERIENCE**

Please tell us if you ever used any questionnaires or other tools in your nursing practice to assess the following below by replying **Y** or **N** in the appropriate column. If yes, please state which tools/questionnaires you have used. Please use the comments column to tell us any additional information.

|  |  |  |  |
| --- | --- | --- | --- |
| **Assessment tools** | **Yes / No** | **If yes, please insert which tools you have used** | **Comments** |
| **Symptoms of mental illness** |  |  |  |
| **Needs of people with mental health problems** |  |  |  |
| **Risks (to self or others) relating to patients’ mental state or other factors** |  |  |  |
| **Physical health symptoms** |  |  |  |
| **Cognitive impairment**  |  |  |  |
| **Medication side effects** |  |  |  |
| **Symptom severity of patients with schizophrenia** |  |  |  |
| **Other** |  |  |  |

**Q4**

**SKILLS**

Please indicate whether you have the skills below by inserting **Y** or **N** in the appropriate column. If yes, please give examples to demonstrate your skill set and experience. Please use the comments column to tell us any additional information.

|  |  |  |  |
| --- | --- | --- | --- |
| **Skill** | **Yes / No** | **If yes, please give examples** | **Comments** |
| **Respond to critical incidents** |  |  |  |
| **Undertake basic life support/ emergency procedures** |  |  |  |
| **Control & restraint techniques** |  |  |  |
| **Conflict resolution** |  |  |  |
| **Supervise junior staff** |  |  |  |
| **Delegate tasks** |  |  |  |
| **Take charge of a ward** |  |  |  |
| **Conduct risk assessment** |  |  |  |
| **Safeguarding adults/ Advocate for vulnerable adults** |  |  |  |
| **Recognise violence and aggression, and implement risk** **mitigation strategies** |  |  |  |
| **Drug calculations**  |  |  |  |
| **Administer oral medication** |  |  |  |
| **Administer depot / Intramuscular injections**  |  |  |  |
| **Administer sub cutaneous injections** |  |  |  |
| **Specimen collection** |  |  |  |
| **Wound care** |  |  |  |
| **Diabetes management** |  |  |  |
| **Carry out mental state examination** |  |  |  |
| **Conducting 1.1 sessions/ Patient interviews** |  |  |  |
| **Primary nursing** |  |  |  |
| **Health promotion** |  |  |  |
| **Multidisciplinary team working** |  |  |  |
| **Assess, plan, implement and evaluate care** |  |  |  |
| **Managing challenging behaviours**  |  |  |  |
| **Conduct assessment of crisis situations** |  |  |  |
| **Ability to maintain boundaries in** **the clinical setting** |  |  |  |

**Q5**

**PSYCHOTROPIC MEDICATIONS EXPERIENCE**

Please indicate whether you have experience in administrating the following medication by replying **Y** or **N** in the appropriate column. If yes, please tell us which medications these are. Please use the comments column to tell us any additional information.

|  |  |  |  |
| --- | --- | --- | --- |
| **Medications** | **Competent /** **Not Competent** | **If competent, please state which medications/ specimen/how**  | **Comments** |
| **Antipsychotic medication (orally)** |  |  |  |
| **Antipsychotic medication (I.M)** |  |  |  |
| **Anti-depression medication** |  |  |  |
| **Mood stabiliser medication** |  |  |  |
| **Anti-anxiety medication**  |  |  |  |
| **Insomnia medication** |  |  |  |
| **Rapid tranquilisation medication** |  |  |  |
| **Clozapine Therapy** |  |  |  |

**Q6**

**MENTAL HEALTH INTERVENTIONS EXPERIENCE**

Please indicate your experience in delivering interventions by replying **Y** or **N** in the appropriate column. If yes, please state approximately how many years’ experience you have had. Please use the comments column to tell us any additional information.

|  |  |  |  |
| --- | --- | --- | --- |
| **Interventions** | **Yes / No** | **If yes, approximate numbers of years** | **Comments** |
| **Electroconvulsive therapy**  |  |  |  |
| **Cognitive Behavioural Therapy**  |  |  |  |
| **Dialectical behaviour therapy**  |  |  |  |
| **Eye movement desensitisation and reprocessing (EMDR)** |  |  |  |
| **Family therapy or family-based interventions** |  |  |  |
| **Mindfulness** |  |  |  |
| **Counselling** |  |  |  |
| **Psychotherapy or psychoeducation**  |  |  |  |
| **Psychosocial interventions** |  |  |  |
| **Reducing restrictive practice** |  |  |  |
| **Motivational interviewing**  |  |  |  |

**Q7**

**AGE-SPECIFIC EXPERIENCE**

Please indicate your experience with working in the following age ranges by replying **Y** or **N** in the appropriate column. If yes, please state approximately how many years’ experience you have had. Please use the comments column to tell us any additional information.

|  |  |  |  |
| --- | --- | --- | --- |
| **Age Experience** | **Yes / No** | **If yes, approximate numbers of years** | **Comments** |
| **School age (ages 6-12 years)** |  |  |  |
| **Adolescents (ages 12-18 years)** |  |  |  |
| **Adults (ages 18-65 years)**  |  |  |  |
| **Older adult (ages 65 +)** |  |  |  |

**Q8**

**ANY OTHER INFORMATION**

Please share any other information which may be relevant to working with people with mental health problems

**THANK YOU**