

INTRODUCING SHEET FOR INTERNATIONAL MENTAL HEALTH COLLABORATING NETWORK MEMBERS

THE PURPOSE OF THIS INTRODUCING SHEET IS TO SUMMARISE MAIN CHARACTERISTICS RELATED TO EACH IMHN MEMBER'S ORGANISATION. THIS WILL BE USED FOR EXCHANGING INFORMATION AND FOR IDENTIFYING EXPERTISE TO ASSIST OTHERS IN THE DEVELOPMENT OF THEIR SERVICES.

Please, fill whatever is applicable

MENTAL HEALTH SERVICE (MHS) IDENTIFICATION

- Name :
- Contact person :
- City :
- Region :
- Country :

- Attached Hospital
- City

VALUES AND PRINCIPLES

KEY WORDS DESCRIBING MAIN VALUES AND PRINCIPLES THE MHS IS BASED ON

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-

Please, add as many lines as needed

PLEASE GIVE ONE PRAGMATIC EXAMPLE OF APPLICATION OF THESE VALUES/PRINCIPLES

COMMUNITY INTEGRATION PROCESS

MAIN STEPS OF SERVICES INTEGRATION INTO COMMUNITY

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-
-

Please, add as many lines as needed

KEY WORDS FOR DESCRIBING ENCOUNTERED DIFFICULTIES

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-
-

Please, add as many lines as needed

KEY WORDS FOR FACING DIFFICULTIES

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-
-

Please, add as many lines as needed

MAIN CRITERIA TO BE ACHIEVED FOR COMMUNITY INTEGRATION

- | | | |
|---|------------------------------|-----------------------------|
| • Does the MHS have less than 50% of professional time dedicated to full time admission ? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Does a systemic linkage exist with users' GP ? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Can the MHS be reachable 24h/24 by phone ? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Is there any permanent and continuous emergency answer system ? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Does the MHS use any restrictive environment (closed ward, isolation rooms, etc.) ? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Are users' / families' groups and locals integrated into service's organisation ? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

ACTUAL MENTAL HEALTH SERVICE'S UNITS

FULL TIME ADMISSION

- Name
- Type
- Number of beds / places
- Number of staff
- Start year
- Key descriptive words

- Name
- Type
- Number of beds / places
- Number of staff
- Start year
- Key descriptive words

Please add as many as lines as necessary for additional unit

ALTERNATIVE TO ADMISSION (FULL / PART TIME)

- Name
- Type
- Number of beds / places
- Number of staff
- Start year
- Key descriptive words

- Name
- Type
- Number of beds / places
- Number of staff

- Start year
- Key descriptive words

Please add as many as lines as necessary for additional unit

AMBULATORY (OUTPATIENT, COMMUNITY) UNITS

- Name
- Type
- Number of staff
- Start year
- Key descriptive words

- Name
- Type
- Number of staff
- Start year
- Key descriptive words

Please add as many as lines as necessary for additional unit

PARTNERSHIPS WITH COMMUNITY SERVICES PROVIDING...

EMPLOYEMENT

- Name
- Type
- Start year
- Key descriptive words

- Name
- Type
- Start year
- Key descriptive words

Please add as many as lines as necessary for additional partner

ACCOMODATION

- Name
- Type
- Start year
- Key descriptive words

- Name
- Type
- Start year
- Key descriptive words

Please add as many as lines as necessary for additional partner

LEISURE

- Name
- Type
- Start year
- Key descriptive words

- Name

- Type
- Start year
- Key descriptive words

Please add as many as lines as necessary for additional partner

OTHERS, PLEASE LIST

- Name
- Type
- Start year
- Key descriptive words

- Name
- Type
- Start year
- Key descriptive words

Please add as many as lines as necessary for additional partner

MHS HUMAN AND FINANCIAL RESSOURCES

STAFF

- | | | |
|-----------|--------------------|-------------------|
| Number of | • Carers : | • Nurses : |
| | • Psychologists : | • Psychiatrists : |
| | • Social Workers : | • |

Please list others professionals and add as many lines as needed

Total (in Full Time Equivalent)

MHS BUDGET

- | | |
|------------|--|
| Amount for | • Full time hospitalisation (in euros) |
| | • Other services (in euros) |

Total (in Euros)

MHS MAIN IDENTIFICATION DATA

CATCHMENT AREA ID

- Geographical size (in km²)
- Population size (> 18 years old)
- Users seen at least once a year by ambulatory units
- Users full time admitted a year
- Users full time admitted since more than one year
- Mean length of stay

INHABITANTS ID

- Mean age
- Rate of Unemployment
- Mean educational level

- Percentage of single/separated people
- Rate of persons under poverty index

TO BE CONTACTED FOR FURTHER INFORMATION

With
international
code

- Last name :
- First name :
- Phone Number :
- Electronic Mail
- Complete postal address