

### If not admitted to hospital

- What alternatives are there to hospital admission?
- Is the carer willing to have the person living with them?
- What arrangements will be made for their care and monitoring, after discharge from hospital?
- Do you know of any self-help techniques which will assist in the patient's recovery?

### Carers Needs

- Does the carer have any specific needs?
- Does the carer know that they are entitled to an assessment and a care plan of their own?
- Who will support the carer?
- Do you know of any self-help/support organisations for the carer?

### Information Sharing

- Have you asked the person how much information they are willing/not willing to share with their carer?
- Will you be able to review confidentiality agreements between yourself and the person as circumstances change?
- Are the person's views on information sharing recorded in their notes?

### Any other questions

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### There are 3 checklists available in the series:

- *A checklist for psychiatrists*
- *A checklist for carers of people with mental health problems*
- *A checklist for people with mental health problems*

These can be downloaded from  
[www.partnersincare.co.uk](http://www.partnersincare.co.uk)

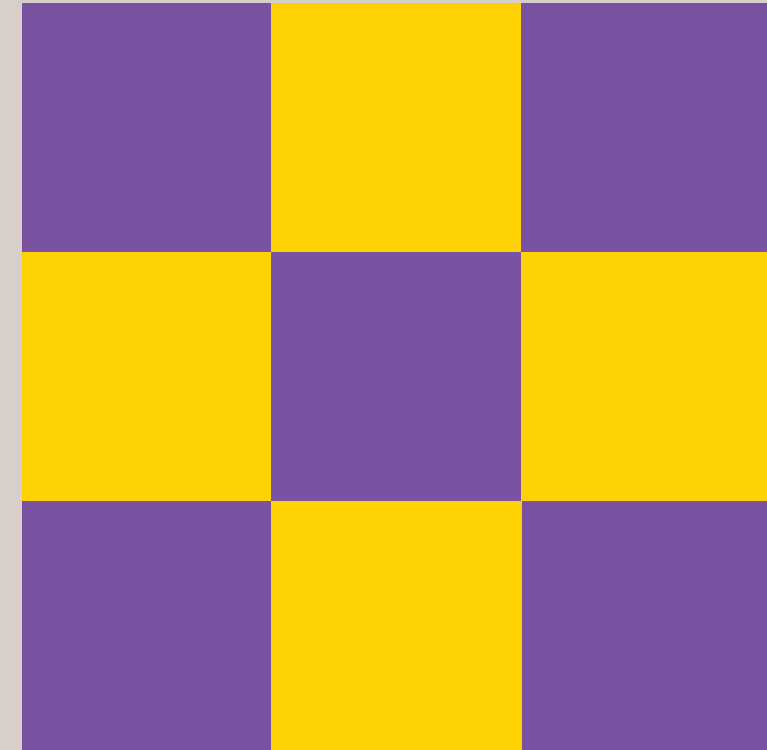
For hard copies of the checklists, contact the External Affairs Department at the Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG. Please send an A4 stamped addressed envelope. Tel: 020 7235 2351 exts. 127 or 154 or e-mail: [dhart@rcpsych.ac.uk](mailto:dhart@rcpsych.ac.uk).

The second edition of these checklists has been produced to coincide with the campaign 'Partners in Care: Working together to make a real difference', a joint campaign of The Royal College of Psychiatrists and The Princess Royal Trust for Carers: January – December 2004.

With grateful thanks to Dr Philip Timms for editing this checklist.

# A checklist for psychiatrists

## Working in partnership with psychiatrists and carers



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Charity registration number 228636  
January 2004



Charity registration  
number SCO15975

Partners in  
**Care**  
Working together to make a real difference

# Issues of concern to carers of people with mental illness

## What to tell the carer

- This checklist has been designed after consultation with carers. It aims to help the psychiatrist give carers the information they need about the diagnosis, treatment and support of the person they care for. This should help to establish a trusting relationship between all concerned.
- Not every carer will need all the answers to all the questions, but the checklist should provide a helpful framework.
- The information you can provide may be limited by medical confidentiality, if the person being cared for does not want their carer to be involved.
- For carers to have time to prepare themselves for the initial or subsequent consultations, these checklists could be sent before the first appointment, or when appropriate. Using these checklists, particularly with carers, may help to reduce their anxiety. You are not expected to have to deal with all the questions personally, as

many of them can be answered by other members of the care team. The availability of written information about different conditions and their treatment will benefit all concerned.

- This checklist has been designed in tandem with similar checklists for carers, and for the person being cared for (see end of this checklist for further details). Our hope is that taken together, these checklists will improve clarity of communication between psychiatrists and carers, thereby improving the quality of care we are able to offer our patients.

### About the illness

- Has a diagnosis been made yet?
- If not, what are the possibilities?
- If yes, what is the diagnosis?
- What are the signs and symptoms that suggest this diagnosis?
- What is known about the causes of this illness?
- What is likely to happen in the future?
- Do you have any written information about this disorder?

### About assessment

- What specific investigations or assessments have been done?
- Are there any additional tests or investigations that might be needed?
- Has a physical examination been done?
- Have any physical or other problems been discovered?
- Have their background and culture been taken into account?

### About care and treatment

- What does the care plan consist of?
- What are the aims of the care and treatment?
- Who else is, or will be, involved in the treatment, or on-going care?
- Who is the care co-ordinator/keyworker?
- What exactly is their role?
- How often will you see the person?
- How long will the treatment take?
- What happens if they refuse treatment?
- Would talking treatments (e.g. cognitive behavioural therapy, family therapy) be helpful? If so, are they available locally?

### Care Programme Approach (CPA)

- Does the person being cared for know what the CPA is?
- Are they on the CPA? If not, why not?
- What level of CPA are they on?
- What difference does this make?
- Is the carer involved in the CPA?

### The carer and the treatment

- Will the carer be involved in discussions concerning the management of the illness?
- What do you see as the carer's role in the provision of treatment?
- How can the carer get in touch with you?
- Who does the carer contact if they are concerned about something?
- Who does the carer contact in an emergency?
- If the carer is not satisfied with the treatment the person is receiving, can they ask for a second opinion?
- Have you discussed confidentiality issues with the person and the carer?

### Medication

- What medication is to be used?
- Why have you chosen this particular medication?
- What should be the benefit of this medication?
- Is the lowest effective dose being prescribed?
- Can they take a low dose at first and increase it when necessary?
- How often will the medication be reviewed?
- Will they have to take it for the rest of their life?
- Are there any other medications that could be used if this one is unsuitable?
- Do you have any written information about this medication?

### What are the possible side-effects of this medication?

- Short-term
- Long-term

### Hospital treatment

- Does the person have to be admitted to hospital? And if so, for how long?
- If they have to go into hospital, which one would it be?
- What level of security is needed?