



CAMHS Pre-Transitions Survey - Parent/Carer

Young People Moving On from CAMHS

1: How old was the young person you support when CAMHS started the transition process?

2: How long was the young person you support using CAMHS services for?

Up to 3 months

4-8 months

9-12 months

Over a year

Other, please specify:

3: Do you feel that you understand the reasons for moving the young person you support on from CAMHS?

Yes

No

Don't Know

4: Do you feel that you have been involved in the transition process?

Yes

No

Don't Know



5: Would you like to give us any comments about your involvement in the process?

Please tick this box if you do not wish your comment to be made public.

6: Does the young person you support have a transition plan, including transition goals?

Yes (Please go to question 7)

No (Please go to question 8)

Don't Know (Please go to question 8)

7: Have you been given information about the transition plan in a way that you understand?

Yes

No

Don't Know

8: Does the young person you support have a named and contactable CAMHS worker to support their transition?

Yes

No

Don't Know

Other, please specify:



9: Where is the young person you support transitioning to?

- GP (Please go to question 13)
- Adult Mental Health Services (Please go to question 10)
- Other Services (Please go to question 13)
- Don't Know (Please go to question 13)

Other, please specify:

10: Does the young person you support have a new worker from the Adult Services?

- Yes (Please go to question 11)
- No (Please go to question 13)
- Don't Know (Please go to question 13)

11: How long did the young person you support wait to see their Adult Worker?

- Up to a month
- 1-3 months
- 4-6 months
- Over 6 months
- Don't Know

Other, please specify:

12: Has the young person you support had a meeting with their new Adult Services worker and CAMHS worker together?

- Yes
- No
- Don't Know



13: Do you feel prepared for transition of the young person you support?

Yes

No

Don't Know

14: What information have you been given regarding carer support in adult services?

Please tick this box if you do not wish your comment to be made public.

15: Have you been treated with respect by all members of the team?

Yes

No

Don't Know

16: Do you have any other comments?

Please tick this box if you do not wish your comment to be made public.



17: Would you be happy for us to contact you about your experiences of being a parent/carer transitioning from CAMHS?

Please tick this box if you do not wish your comment to be made public.

Please return this survey to the patient experience team.