



# CAMHS Pre-Transitions Survey - Young People

## Young People Moving On from CAMHS

1: How old were you when you started the transition process?

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

2: How long have you been using CAMHS services?

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 on from CAMHS?

Yes

No

Don't Know

4: Do you feel that you have been involved in the process of moving on?

Yes

No

Don't Know



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

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

6: Do you have a transition plan including transition goals?

Yes

No

Don't Know

7: Have you been given information in a way that you understand?

Yes

No

Don't Know

I have not been given any information

8: Do you have a named and contactable CAMHS worker to support your transition?

Yes

No

Don't Know



9: Have your parents/carers been involved in the process?

Yes

No

Don't Know

10: Did you want your parent/carers to be involved?

Yes

No

Don't Know

11: Where are you transitioning to?

GP (Please go to question 17)

Adult Mental Health Services (Please go to question 12)

Other Services (Please go to question 17)

Don't Know (Please go to question 12)

Other, please specify:

12: Do you have a new worker from Adult Services?

Yes (Please go to question 13)

No (Please go to question 17)

Don't Know (Please go to question 13)



13: How long did you wait to see your Adult Worker?

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

14: Have you had a meeting with your new Adult worker and your CAMHS worker together?

- Yes
- No
- Don't Know
- I have a date booked for this appointment

15: Can you explain how the meeting with your CAMHS worker and Adult worker met your needs?

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

16: Have you had the opportunity to meet with your new Adult worker, separately from your CAMHS worker yet?

- Yes
- No
- Don't Know
- I have a date booked for this appointment



17: Do you feel prepared for transition?

Yes

No

Don't Know

18: Have you been treated with respect?

Yes

No

Don't Know

19: Do you have any other comments?

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

20: Would you be happy for someone from HPFT to contact you about your experiences of transitioning from CAMHS services? If so, please give us your name and a preferred contact method, e.g. telephone number, email address, etc.

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



## About You

21: How would you describe your gender?

Female

Male

Transgender

I do not identify as male or female

22: How old are you?

16

17

18

19

Other, please specify:

*Please return this survey to the patient experience team.*