

Transitioning out of Children and Young People's Mental Health Services: Service User Survey

Now you are at the stage requiring a transfer from your current Young Person's service into an Adult supported service we would like to know how well your transfer is being managed.

Understanding your experience will help us to improve this process for other young people in the future.

About You

1. How would you describe your gender?

Female Male Transgender Other

2. How old are you? Years Months

3. Do you have a disability that affects your communication?

Yes No Prefer not to say

4. How old were you when you started the transition process?

Years Months

5. How long were you using the CAMHS services for?

Years Months

6. Do you feel that you understand the reasons for transferring to Adult Services?

Yes, completely Yes, a little No

7. Do you feel that you have been involved in the process to transfer you to Adult Services?

Yes, a lot Yes, a little No

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

8. Have you been given information in a way that you understand about the transfer?

Yes No Don't know

9. Do you have a transition plan including transition goals?

Yes No Don't know

10. Do you have a named and contactable worker to support your transition?

Yes No

11. If you are transitioning from more than one service, do you have one person co-ordinating your transition for all services?

Yes No This doesn't apply to me

12. Have your parents / carers been involved in the process?

Yes No Don't know

Is this what you want?

Yes No

13. Do you know the name of your new worker from the Adult Services?

Yes No Don't know

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

Transition service user survey

Yes No Don't know

If yes when was this? Date: __ / __ / __

If no, do you know why not?

15. Have you had the opportunity to meet with your new worker from the Adult Services, separately from CAMHS yet?

Yes No Don't know

If no, do you know why not?

16. During this transition period have you been treated as a:

Child Young Person Adult

Do you feel this is appropriate?

Yes No

17. Do you feel prepared for transition?

Yes No

Thank you for taking the time to complete this survey.

Please return to