

## After your transfer from Children and Young People's Mental Health to Adult Services: Service User Survey

Now you have transferred from Children and Young People's Mental Health Services to Adult Services, we would like to know what your experience has been of the whole process.

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

### About your time in Children and Young People's Services

6. Did you feel that you understood the reasons for transferring to Adult Services?

Yes, completely  Yes, a little  No

7. Did you feel that you were 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. Were you given information in a way that you understood about the transfer?

Yes       No       Don't know

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

Yes       No       Don't know

10. Did you have a named worker to support your transition?

Yes       No

11. If you transitioned from more than one service did you have one person co-ordinating your transition for all services?

Yes       No       This doesn't apply to me

12. Were your parents / carers involved in the process?

Yes       No       Don't know

Was this what you wanted?

Yes       No

13. During the transfer process, did you know the name of your new worker from the Adult Services?

Yes       No       Don't know

*During & Post Transition service user survey*

14. Did you have a meeting with your new Adult Services worker and your CAMHS worker together before you transferred?

Yes  No  Don't know

If yes when was this? Date: \_\_ / \_\_ / \_\_

If no, do you know why not?

15. Did you have the opportunity to meet with your new worker from the Adult Services, separately from CAMHS, before you transferred?

Yes  No  Don't know

If no, do you know why not?

16. During the transition process were you treated as a:

Child  Young Person  Adult

Do you feel this is appropriate?

Yes  No

**17. Did you feel prepared for transition?**

Yes  No

About your time in Adult Services

18. Do you feel that you are working well with your new worker?

Yes  No

Can you tell us why?

**19. Are you meeting the transition goals set in your joint transition plan?**

Yes  No  Don't know

20. Have you discussed with your new worker some goals that you will be working towards as part of your care from the Adult Services?

Yes  No  Don't know

21. In the Adult Services do you feel you are being treated as an:

Child  Young Person  Adult

Do you feel this is appropriate?

Yes  No

22. Do you feel that your needs are being met by the Adult Mental Health Services?

Yes, completely  Yes, some  No

Would you like to comment about how your goals and needs are being met or not met?

23. Overall, how satisfied do you feel about the process to transfer you to Adult Services?

Very satisfied  Satisfied  Not very satisfied  Not at all satisfied

Can you please explain why you were satisfied or not?

24. Would you like to comment on what went well during the transfer process and what we could do to improve it?

**Thank you for taking the time to complete this survey.**

**Please return to**