

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

Now you are at the stage to be transferred from Children & Young People’s Mental Health Services, we would like to know what your experience has been of this process so far.

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. Do you feel that you understand the reasons for your discharge from Children and Young People’s Services?

Yes, Completely  Yes, a little  No

7. Do you feel that you have been involved in your discharge process?

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 understood about your discharge?

Yes       No       Don't know

9. Do you have a discharge plan including goals?

Yes       No       Don't know

10. Have you received information on self-care management as part of your discharge?

Yes       No       Don't know

11. Have you been given information on how to get support in the future if you need it?

Yes       No       Don't know

12. Do you have a named and contactable worker to support your discharge?

Yes       No

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

Yes  No  Don't know

Was this what you want?

Yes  No

14. During the discharge process have you been treated as a:

Child  Young Person  Adult

Do you feel this is appropriate?

Yes  No

15. Do you feel prepared for your discharge?

Yes  No

16. Has your GP informed of your discharge from Children and Young People's services?

Yes  No  Don't know

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

**Please return to**