

## **The differences in care and treatment that may influence suicide risk during the transition of care from child and adolescent to adult mental health services**

Thank you for agreeing to take part in this survey, it should take around 20 minutes to complete.

The questions in this survey have been designed to help us understand the care the young person you support experienced before, during and after their move from child and adolescent mental health services (CAMHS) into adult mental health services (referred to as “the transition process”), and how this might have impacted their suicide risk. This will allow us to make recommendations on how the transition process can be made safer for young people.

Some of the questions ask you to think about when the young person you support may have had suicidal thoughts, feelings or intentions. We acknowledge that thinking about this may be distressing and potentially traumatic, you do not have to answer any questions if you do not feel able to or if they make you feel uncomfortable.

Survey responses will remain anonymous and confidential. **Please do not include any information that might identify you, the young person you support or someone else, or any specific mental health service. If this information is disclosed, we will either anonymise this information or remove it.**

### **DEMOGRAPHICS OF THE YOUNG PERSON YOU SUPPORT**

**Please answer these questions thinking about the young person you support.**

**1. What is your relationship to the young person you support?**

- Parent/guardian
- Other relative (please specify) (free text box)
- Partner or spouse
- Foster carer
- Friend
- Other (please specify) (free text box)
- Prefer not to say

**2. How old are they?**

- 16-18 years
- 19-24 years
- 25-30 years

**3. What was their sex at birth?**

- Male
- Female
- Prefer not to say

**4. Do they identify as transgender, non-binary or gender diverse?**

- No
- Yes, they identify as a trans woman
- Yes, they identify as a trans man
- Yes, they identify as non-binary
- Prefer not to say
- Other (please specify) (free text box)
- Don't know

**5. How would you describe their ethnic group?**

**White**

- English/Welsh/Scottish/Northern Irish/British
- Irish
- Gypsy or Irish Traveller
- Any other White background (please describe)

**Mixed/Multiple ethnic groups**

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed/Multiple ethnic background (please describe)

**Asian/Asian British**

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background (please describe)

**Black/African/Caribbean/Black British**

- African
- Caribbean
- Any other Black/African/Caribbean background (please describe)

**Other ethnic group**

- Arab
- Any other ethnic group (please describe)
- Prefer not to say

**MENTAL HEALTH AND TREATMENT**

**Please answer these questions thinking about the young person you support.**

**6. Were they given a mental health diagnosis during their care with CAMHS?**

- No
- Yes (please give details if known) (free text box)
- Don't know

**7. Did their diagnosis change once their care was transferred to adult services?**

- No
- Yes, their diagnosis changed (please specify if known) (free text box) (question 7a to open)
- Yes, they were given a diagnosis for the first time in adult services (please specify if known) (free text box) (question 7a to open)
- Don't know

**7a. (ONLY TO APPEAR IF ANSWER TO Q7 IS "YES") How did they find this change in diagnosis?**

- Helpful
- Unhelpful
- Neutral
- Don't know

**8. Would you describe them as neurodivergent (such as having autism, ADHD, dyslexia, or any other neurodevelopmental difference)?**

- No
- Yes, formally diagnosed (please specify) (question 8a to open)
- Yes, no formal diagnosis but they consider themselves neurodivergent (please specify) (question 8a to open)
- Prefer not to say
- Don't know

**8a. (ONLY TO APPEAR IF ANSWER to Q8 is "YES") Did they receive support for their neurodiversity when they were a patient of CAMHS?**

- No
- No, but they did under adult services
- Neurodiversity not recognised during care with CAMHS
- Yes (question 8b to open)
- Support was offered but they declined/discontinued it
- Not applicable (not formally diagnosed)
- Other (please specify) (free text box)
- Don't know

**8b. (ONLY TO APPEAR IF ANSWER to Q8a is "YES") When they moved to adult services did they continue to receive support for their neurodiversity?**

- No (question 8c to open)
- Yes

- Support offered but they declined/discontinued it
- Not applicable (not formally diagnosed)
- Other (please specify) (free text box)
- Don't know

**8c. (ONLY TO APPEAR IF ANSWER to Q8b is "NO") How did they feel when this support stopped?**

- Happy
- Unhappy
- Neutral
- Don't know

**9. What treatment(s) did they receive for their mental health whilst they were a patient of CAMHS?**

(Please tick all that apply)

- Advice and self-management
- Talking therapies (e.g., CBT, DPT, Psychotherapy)
- Family therapy
- Medication
- Specialist services (i.e., eating disorder services)
- Other (please specify) (free text box)
- Don't know

**10. Thinking of when their care moved to adult mental health services did the treatment(s) they receive for their mental health change?**

- No, treatment continued as before
- Yes (question 10a and 10b to open)
- Other (please specify) (free text box)
- Don't know

**10a. (ONLY TO APPEAR IF ANSWER to Q10 is "YES") How did their treatment change? (Please tick all that apply).**

- Talking therapy stopped
- Talking therapy introduced
- Talking therapy changed
- Medication stopped
- Medication introduced
- Medication changed
- Other (please specify) (free text box)

**10b. (ONLY TO OPEN IF ANSWER TO Q10 IS "YES") How did they find this change in treatment?**

- Helpful
- Unhelpful

- Neutral
- Don't know

**11. Is there anything else you would like to tell us about differences in the treatment(s) the young person you support received between CAMHS and adult services?** (Please consider any changes that you think made them feel safer and/or less safe).

## EXPERIENCE OF CARE SETTINGS

Please answer these questions thinking about the young person you support.

**12. Thinking of the routine appointments the young person you support had with CAMHS, where did they mainly see their CAMHS care team?** (Please tick all that apply)

- Hospital/community clinic
- Home
- Non-clinical community setting (i.e., drop-in centre, café)
- Online/telephone contact
- Educational setting (i.e., at school)
- Other (please specify) (free text box)

**13. Thinking of when the young person you support moved to adult mental health services did the location of their routine appointments change?**

- No
- Yes, changed to a different setting (question 13a and 13b to open)
- Other (please specify) (free text box)
- Don't know

**13a. (ONLY TO APPEAR IF ANSWER to Q13 is "YES") Where do they mainly see their adult services care team?**

- Hospital/community clinic
- Home
- Non-clinical community setting (i.e., drop-in centre, café)
- Online/telephone contact
- Educational setting
- Other (please specify) (free text box)

**13b. (ONLY TO APPEAR IF ANSWER to Q13 is "YES") How did they find this change in the location of their routine appointments?**

- Helpful
- Unhelpful

- Neutral
  - Don't know
- 14. Thinking of when the young person you support was a patient of CAMHS, did they mostly see the same people from their care team?**
- No, saw different staff with each contact (question 16a to open)
  - Yes, always/mostly saw the same staff (question 16a to open)
  - Other (please specify) (free text box)
  - Don't know
- 15. In addition to the CAMHS team, who else was involved in their care?** (Please tick all that apply)
- Not applicable (no other people involved in their care)
  - Educational staff/support services (i.e., university, school, or college)
  - Social services
  - Leaving care team
  - Alcohol and drug service
  - Youth justice staff
  - Child health staff (e.g. paediatrics)
  - VCSE or Youth worker
  - Other (please specify) (free text box)
  - Don't know
- 16. Thinking of when their care moved to adult services, did they mostly see the same people from their care team?**
- No, saw different staff with each contact (question 16a to open)
  - Yes, always/mostly saw the same staff (question 16a to open)
  - Other (please specify) (free text box)
  - Don't know
- 16a. (ONLY TO APPEAR IF ANSWER to Q14 is "YES" AND Q16 is "NO" OR IF ANSWER TO Q14 is "NO" AND Q16 is "YES" OR IF ANSWER TO Q14 is "NO" AND Q16 is "NO") How did they find seeing different staff with each contact in CAMHS, in adult services, or in both?**
- Helpful
  - Unhelpful
  - Neutral
  - Don't know
- 17. In addition to the adult services care team, who else is involved in their care?** (Please tick all that apply)
- Not applicable (no other people involved in their care)

- Educational staff/support services (i.e., university, school, or college)
- Social services
- Leaving care team
- Alcohol and drug service
- Youth justice staff
- Child health staff (e.g. paediatrics)
- VCSE or Youth worker
- Other (please specify) (free text box)
- Don't know

**18. Thinking of routine appointments the young person you support had with CAMHS, how often did they have contact with their care team?** (not including at times of crisis)

- Weekly
- 2-3 times a month
- Monthly
- Other (please specify) (free text box)
- Don't know

**19. Did the frequency of contact change when they moved to adult services?**

- No
- Yes, increased (question 19a to open)
- Yes, decreased (question 19a to open)
- Other (please specify) (free text box)
- Don't know

**19a. (ONLY TO APPEAR IF ANSWER to Q19 is "YES, INCREASED" OR "YES, DECREASED") How did they find the change in frequency of contact with adult services?**

- Helpful
- Unhelpful
- Neutral
- Don't know

**20. Is there anything else you would like to tell us about the differences you observed in care settings between CAMHS and adult services?** (please consider any changes that you think made the young person you support feel safer and/or less safe)

**YOUR INVOLVEMENT IN CARE AND DECISION-MAKING**

**Please answer these questions thinking about the involvement *you* have (or have had) in the care and decision-making relating to the young person you support.**

**21. Were you involved in their care with CAMHS?**

- No
- Yes, all the time
- Yes, some of the time
- Other (please specify) (free text box)

**22. Thinking of when they moved to adult services, did your involvement change?**

- No
- Yes, I was more involved (question 22a to open)
- Yes, I was less involved (question 22a to open)
- Other (please specify) (free text box)

**22a. (ONLY TO APPEAR IF ANSWER to Q22 is "YES, MORE INVOLVED" OR "YES, LESS INVOLVED") How did you find the change in your involvement with their care?**

- Helpful
- Unhelpful
- Neutral
- Don't know

**23. Thinking of when the treatment of the young person you support moved to adult services, were they asked how they wanted you to be involved in their care?**

- No
- Yes, they agreed to me being involved
- Yes, they did not want me involved
- Yes, they only wanted information shared with me during a crisis
- Other (please specify) (free text box)

**24. Thinking of when the young person you support was a patient of CAMHS, did you feel you were able to contribute to the planning of and help make decisions about their care?**

- No, only they were involved in decisions about their care
- No, neither of us were involved in decisions about their care
- Yes, I was involved in ALL I decisions about their care, *with their agreement*
- Yes, I was involved in SOME decisions about their care, *with their agreement*
- Not applicable - they did not want me involved
- Other (please specify) (free text box)
- Don't know

**25. Thinking of when their care moved to adult services, did your involvement in their care planning change?**

- No

- Yes, I was more involved (question 25a to open)
- Yes, I was less involved (question 25a to open)
- Not applicable - they did not want me involved
- Don't know

**25a. (ONLY TO APPEAR IF ANSWER to Q25 is "YES, MORE INVOLVED" OR "YES, LESS INVOLVED") How did you find the change in your involvement in their care planning?**

- Helpful
- Unhelpful
- Neutral
- Don't know

**26. Is there anything else you would like to tell us about your involvement in making decisions about the young person you support's care in CAMHS compared to adult services?** (please consider if you felt involved in their care before or after moving to adult services and if you think this made the young person you support feel safer and/or less safe)

## SAFETY

**This section discusses the safety of the young person you care for and asks questions about their experience of suicidal thoughts, feelings and intentions, we acknowledge this may be distressing. You do not have to answer any questions if you do not feel able to or they make you feel uncomfortable.**

**27. Thinking of when the young person you support was a patient of CAMHS, did you feel you were both given enough information about what to do or who to contact in a suicidal crisis?** (Please tick all that apply)

- No
- I had a copy of their written safety/crisis plan
- I knew how to contact their care team
- I was given information on local support options and 24-hour services
- I was not provided with any information
- Other (please specify) (free text box)
- Don't know

**28. Once the young person you support moved to adult services did the provision of information about what to do or who to contact in a suicidal crisis change?** (Please tick all that apply)

- No (i.e., the safety plan remained the same)
- Yes, they had a new safety/crisis plan (question 28a to open)
- Yes, it is easier to access support (question 28a to open)
- Yes, it is harder to access support (question 28a to open)

Other (please specify) (free text box)

Don't know

**28a. (ONLY TO APPEAR IF ANSWER to Q28 is "YES, NEW SAFTY PLAN", "YES, EASIER TO ACCESS SUPPORT" OR "YES, HARDER TO ACCESS SUPPORT") How did you find the change in the provision of information about what to do or who to contact in a suicidal crisis?**

Helpful

Unhelpful

Neutral

Don't know

**29. Thinking of when they were a patient of CAMHS, were you were concerned for their safety (i.e., did they experience suicidal thoughts or harm themselves)?**

No

Yes (questions Q29a to open)

Prefer not to say

**29a. (ONLY TO APPEAR IF ANSWER to Q29 is "YES") What was put in place by their CAMHS team to keep them safe? (Please tick all that apply)**

Increased contacts by current care team (questions Q29b to open)

Advised to attend or accompanied/taken to A&E (questions Q29b to open)

Self-help advice (questions Q29b to open)

Home visit (questions Q29b to open)

Referral to crisis/home treatment (questions Q29b to open)

In-patient admission (questions Q29b to open)

Referral to alcohol and drug services (questions Q29b to open)

No intervention

Other (please specify) (free text box) (questions Q29b to open)

**29b. (WILL NOT APPEAR IF ANSWER to Q29a is "NO INTERVENTION") Was CAMHS' response to their suicidal thoughts or thoughts of harming themselves helpful?**

Yes

No

Other (please specify) (free text box)

Don't know

**30. Thinking of when they moved to adult services, were you more concerned for their safety (i.e., did they experience an increase in suicidal thoughts or self-harm)?**

No

Yes (questions 30a to open)

Prefer not to say

**30a. (ONLY TO APPEAR IF ANSWER to Q30 is “YES”) What was put in place by adult services to help keep them safe? (Please tick all that apply)**

- Increased contacts by current care team (questions Q30b to open)
- Advised to attend or accompanied/taken to A&E (questions Q30b to open)
- Self-help advice (questions Q30b to open)
- Home visit (questions Q30b to open)
- Referral to crisis/home treatment (questions Q30b to open)
- In-patient admission (questions Q30b to open)
- No intervention
- Referral to alcohol and drug services (questions Q30b to open)
- Other (please specify) (free text box) (questions Q30b to open)

**30b. (WILL NOT APPEAR IF ANSWER to Q30a is “NO INTERVENTION”) Was the response from adult services to their suicidal thoughts or thoughts of harming themselves helpful?**

- Yes
- No
- Other (please specify) (free text box)
- Don't know

**31. Was there anything going on in the life of the young person you support when they moved between services, which may have contributed to any concerns for their safety you may have had? (Please tick all that apply)**

- No
- Change in living situation (i.e., moving away from the family home)
- Leaving local authority care
- Starting university
- Academic pressures (i.e., taking exams or waiting for exam results)
- Relationship break-up
- Family arguments
- Bullying
- Physical ill-health
- Alcohol and/or drug use
- Financial worries (including reduction in benefits)
- Bereavement
- Other (please specify) (free text box)
- Don't know

**32. Was there anything about the care they have received when they moved between services, which may have contributed to any concerns for their safety you may have had?**

- No
- Yes (please specify) (free text box)
- Don't know

**33. Is there anything else you would like to tell us about the difference between how child and adolescent and adult mental health services managed risk? Particularly in relation to any concerns about their safety you may have had?** (Please include anything that went well, did not go so well, or could have been done better, and/or any changes that made you and the young person you support feel safer and/or less safe).

### THE TRANSITION PROCESS

**34. Were you involved in the decision for the young person you support to be transferred to adult mental health services?** (Please tick all that apply)

- No
- The decision was discussed with me
- The decision was discussed with the young person I support
- We were given a written transition plan

**35. Were you offered the opportunity to meet their new adult mental health care team before their care was transferred to them from CAMHS?**

- No, but the young person I support met with the new team
- No, neither I nor the young person I support met the new team
- Yes (please specify) (free text box)
- Don't know

**36. Is there anything else you would like to tell us about the care the young person you support received during the move from child and adolescent to adult mental health services, especially how prepared you and the young person you support were to move services or whether you felt the transition process was explained to you both?** (Please include anything that went well, did not go so well, or could have been done better).