

**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 explore the differences in care and treatment between child and adolescent and adult mental health services, particularly whether this increases suicide risk. This will allow us to make recommendations on how to improve safety for young patients during the transition of care from child and adolescent to adult mental health services.

This survey is asking you to think of patients you care or have cared for who have experienced suicidal thoughts, feelings or intentions and how your service supported them, especially during the transition period. We acknowledge that thinking about this may be distressing. You will be asked questions about the service you work(ed) in (i.e., CAMHS/youth services or adult mental health services) and how care and treatment may differ in the service the young patient transitioned to/from. We understand you may not be familiar with everything, and that you may be unable to respond to every question.

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

**YOUR JOB ROLE**

- 1. I am answering these questions with experience of working with young patients in:** (If you have worked in both CAMHS/youth services and adult mental health services, please choose one service. This might be the service you have most recently worked in, or the service you have the most experience of)
  - Child and adolescent mental health services (CAMHS) or youth services (patients under 25) [\[go to section A\]](#)
  - Adult mental health services [\[go to section B\]](#)

**Section A (CAMHS practitioners)**

- 2. Thinking of one service you have worked in, is the service:**
  - NHS-funded
  - Independently funded
  - Other (please specify) [\(free text box\)](#)
- 3. What is your current or most recent job role within this service?**

## MENTAL HEALTH AND TREATMENT

- 4. Thinking of young patients given a mental health diagnosis whilst under the care of your service, to your knowledge, does this diagnosis change when they are transferred to adult services?**
- No
  - Yes, usually (question 4a to open)
  - Yes, sometimes (question 4a to open)
  - Not known
- 4a. (ONLY TO APPEAR IF ANSWER TO Q4 is “YES, USUALLY” OR “YES, SOMETIMES”) Do you think this change in diagnosis increases suicide risk in young patients?**
- Yes
  - No
  - Don't know
- 5. Thinking of young patients supported with their neurodiversity (such as autism, ADHD, dyslexia, or any other neurodevelopmental difference) while under the care of your service, to your knowledge, do they continue receiving this support once their care transfers to adult services?**
- No
  - Yes, usually (question 5a to open)
  - Yes, sometimes (question 5a to open)
  - Not known
- 5a. (ONLY TO APPEAR IF ANSWER TO Q5 is “YES, USUALLY” OR “YES, SOMETIMES”) Do you think this change in support for neurodiversity increases suicide risk in young patients?**
- Yes
  - No
  - Don't know
- 6. In your service what support and treatments are available in practice to young patients? (Please tick all that apply)**
- Advice and self-management
  - Talking therapies (i.e., DBT, CBT)
  - Family therapy
  - Medication
  - Specialist services (i.e., eating disorder services)
  - Other (please specify) (free text box)
- 7. To your knowledge, does the support and treatment(s) they receive for their mental health change following transition to adult mental health services?**

- No, treatment will usually continue as before
- Yes (questions 7a and 7b to open)
- Other (please specify) (free text box) (questions 7a and 7b to open)
- Not known

**7a. (ONLY TO APPEAR IF ANSWER to Q7 is “YES” or “OTHER”) How does their treatment usually change?**

(Please tick all that apply)

- Talking therapy is likely to stop
- Talking therapy is likely to be introduced
- Talking therapy is likely to change
- Medication is likely to stop
- Medication is likely to be introduced
- Medication is likely to change
- Other (please specify) (free text box)
- Not known

**7b. (ONLY TO APPEAR IF ANSWER to Q7 is “YES” or “OTHER”) Do you think this change in treatment increases suicide risk in young patients?**

- Yes
- No
- Don't know

**8. In your opinion, are there any other differences in the treatment(s) available to young patients in your service compared to adult services that you would like to tell us about? (Please consider any changes that you think might make young patients feel safer and/or less safe).**

### EXPERIENCE OF CARE SETTINGS

**9. Where do you usually see young patients for routine appointments? (Please tick all that apply)**

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

**10. To your knowledge, after transition from your service to adult services, does the type or location of their routine appointments change?**

- No

- Yes, changes to a different setting (questions 10a and 10b to open)
- Other (please specify) (free text box)
- Not known

**10a. (ONLY TO APPEAR IF ANSWER TO QUESTION 10 IS “YES”) To your knowledge, where do young patients under the care of adult services mainly see their care team for routine appointments?**

- Hospital/community clinic
- Home
- Non-clinical community setting (i.e., drop-in centre)
- Online/telephone contact
- Educational setting (i.e., at school/university)
- Other (please specify) (free text box)
- Not known

**10b. (ONLY TO APPEAR IF ANSWER TO QUESTION 10 IS “YES”) Do you think this change in the location of routine appointments increases suicide risk in young patients?**

- Yes
- No
- Don't know

**11. To your knowledge, are young patients receiving treatment and support from your service mostly seen by the same practitioners/care team?**

- No (question 12a to open)
- Yes
- Other (please specify) (free text box)
- Not known

**12. To your knowledge, were they mostly seen by the same practitioners/care team while under the care of adult services?**

- No (question 12a to open)
- Yes
- Not known

**12a. (ONLY TO APPEAR IF ANSWER to Q12 is “YES” AND Q11 is “NO” OR IF ANSWER TO Q12 is “NO” AND Q11 is “YES” OR IF ANSWER TO Q11 is “NO” AND Q12 is “NO”) Do you think seeing different staff with each contact increases suicide risk in young patients?**

- Yes
- No
- Don't know

**13. To your knowledge, who else may be routinely involved in supporting young patients under the care of your service, in addition to their CAMHS care team? (Please tick all that apply)**

- Not applicable (no other people usually involved in their care)
- Educational staff/support services (i.e., university, school, college) [if selected opens 12a.]
- Leaving care social worker [if selected opens 12a.]
- Social services [if selected opens 12a.]
- Alcohol and drug worker [if selected opens 12a.]
- Youth justice worker [if selected opens 12a.]
- Child health staff (e.g., paediatrician) [if selected opens 12a.]
- VCSE or Youth worker [if selected opens 12a.]
- Other (please specify) (free text box) [if selected opens 12a.]
- Not known

**13a. (ONLY TO APPEAR IF ANSWER TO QUESTION 13 IS OTHER THAN “NOT APPLICABLE”) To your knowledge, does this support continue once they move to adult services?**

- No
- Yes
- Care stops at 18
- Other (please specify) (free text box)
- Not known

**14. How often do young patients under the care of your service have appointments with their care team? (not including at times of crisis)**

- Weekly
- 2-3 times a month
- Monthly
- Other (please specify) (free text box)
- Not known

**15. To your knowledge, does frequency of contact change when a young patient moves to adult services?**

- No
- Yes, it increases
- Yes, it decreases (question 15a to open)
- Other (please specify) (free text box)
- Not known

**15a. (ONLY TO APPEAR IF ANSWER TO QUESTION 15 IS “YES DECREASES”) Do you think this change in the frequency of contact increases suicide risk in young patients?**

- Yes
- No
- Don't know

**16. Is there anything else you would like to tell us about the differences young patients may experience in care settings between CAMHS and adult services?** (please consider any changes that you think might make them feel safer or less safe)

#### **FAMILY AND/OR CARER INVOLVEMENT AND DECISION-MAKING**

**17. Thinking of young patients whose care you manage(d), are their families and/or carers routinely involved in their care?**

- No
- Yes, all the time
- Yes, some of the time
- Other (please specify) (free text box)
- Not known

**18. To your knowledge, does family and/or carer involvement change once a young patient's care is transferred to adult services?**

- No
- Yes, they are likely to become more involved
- Yes, they are likely to become less involved (question 18a to open)
- Other (please specify) (free text box)
- Not known

**18a. (ONLY TO APPEAR IF ANSWER TO QUESTION 18 IS "YES LESS INVOLVED") Do you think this change in family and/or carer involvement increases suicide risk in young patients?**

- Yes
- No
- Don't know

**19. In your service, do young patients contribute to the planning of care and make decisions about their own care and treatment?**

- No
- Yes, all the time
- Yes, some of the time
- Other (please specify) (free text box)
- Not known

**20. To your knowledge, when a young patient’s care moves from your service to adult services, does their involvement in care planning change?**

- No
- Yes, patient is likely to be more involved
- Yes, patient is likely to be less involved (question 20a to open)
- Yes, family and/or carers are likely to be more involved (please specify) (free text box)
- Yes, family and/or carers are likely to be less involved
- Not known

**20a. (ONLY TO APPEAR IF ANSWER TO QUESTION 20 IS “YES LESS INVOLVED”) Do you think this change in a young patient’s involvement in their care planning increases suicide risk?**

- Yes
- No
- Don’t know

**21. Is there anything else you would like to tell us about the difference in young patients’ (and their family and/or carers’) involvement in making decisions about their care in CAMHS compared to adult services? (please consider any changes that you think might make them feel safer or less safe)**

#### **PATIENT SAFETY**

**This section discusses patient safety and asks questions about suicide. Please answer these questions thinking about young patients you care or have cared for who have experienced suicidal thoughts, feelings or intentions. Please do not include any information that may identify you, someone else or any specific mental health trust.**

**22. What information about what to do or who to contact in a suicidal crisis is given to young patients and their families/carers under the care of your service? (Please tick all that apply)**

- No information
- A written safety/crisis plan
- Information on how to contact their care team
- Information on local support options and 24-hour services
- Patient’s family and/or carers are given this information
- Other (please specify) (free text box)
- Not known

**23. To your knowledge, does the provision of information about what to do or who to contact in a suicidal crisis change when they move to adult services? (Please tick all that apply)**

- No (i.e., safety plan is likely to remain the same)

- Yes, they are likely to be given a new safety/crisis plan (question 23a to open)
- Yes, accessing support is likely to become easier
- Yes, accessing support is likely to become harder (question 23a to open)
- Not known

**23a. (ONLY TO APPEAR IF ANSWER TO QUESTION 23 IS “YES NEW SAFETY PLAN” OR “YES HARDER”) Do you think this change the provision of information increases suicide risk in young patients?**

- Yes
- No
- Don't know

**24. For young patients under the care of your service who are experiencing suicidal thoughts, feelings or intentions, what interventions are available in practice to keep them safe? (Please tick all that apply)**

- Increased contacts
- Self-help advice
- Home visit
- Referral to crisis/home treatment
- In-patient admission
- Referral to alcohol and drug services
- Other (please specify) (free text box)
- No intervention
- Not known

**25. Thinking of young patients who experienced suicidal thoughts, feelings or intentions during the transition process, what do you think were the most important contributing factors? (please tick all that apply)**

- None
- Life events/personal circumstances (question 25a to open)
- Service factors related to the transition process (i.e., delayed transition, staff shortages, changes in service delivery) (please specify)
- Other (please specify) (free text box)
- Not known

**25a. (ONLY TO OPEN IF ANSWER TO Q25 IS “LIFE EVENTS” OR “BOTH OF THE ABOVE”) What was going on in their lives when they were moving between services, which may have contributed to their experience of suicidal thoughts, feelings or intentions?**

- 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
- Domestic violence
- Alcohol and/or drug use
- Financial worries (including reduction in benefits)
- Bereavement
- Other (please specify) (free text box)
- Not known

**26. Thinking of young patients whose risk of suicide increased during or after the transition from your service to adult mental health services, do you know what the service response was to reduce their risk?**

- Increased contacts with care team
- A delay in transition
- Increased involvement of family and/or carers
- No action
- Other (please specify) (free text box)
- Not known

**27. Is there anything else you can tell us about the difference between how CAMHS and adult services manage suicide risk, particularly in relation to suicidal thoughts, feelings or intentions? (Please include anything that works well, does not work well, could be better, or any differences that you think might make a young patient feel safer or less safe)**

### THE TRANSITION PROCESS

**28. To your knowledge, are young patients and their family and/or carers involved in the decision to be transferred from your service to adult services? (Please tick all that apply)**

- No
- Yes, transition is likely to be discussed with the patient
- Yes, transition is likely to be discussed with the patient's family and/or carers only
- No, but patient is likely to be provided with a written transition plan
- Other (please specify) (free text box)
- Not known

29. To your knowledge, are young patients offered the opportunity to meet their new adult mental health care team before their care is transferred from your service?

- No
- Yes
- Not known

30. Is there anything else you would like to tell us about patient care during the transition from your service to adult services? (Please include any examples of good practice, or anything that does not work well or could be better).

### Section B (Practitioners working in adult services)

1. Thinking of one service you have worked in, is the service:

- NHS-funded
- Independently funded
- Other (please specify) (free text box)

2. What is your current or most recent job role within this service?

### MENTAL HEALTH AND TREATMENT

3. Thinking of young patients given a mental health diagnosis whilst under the care of CAMHS, to your knowledge, does this diagnosis change when they are transferred to your service?

- No
- Yes, usually (question 3a to open)
- Yes, sometimes (question 3a to open)
- Not known

3a. (ONLY TO APPEAR IF ANSWER TO Q3 is "YES, USUALLY" OR "YES, SOMETIMES") Do you think this change in diagnosis increases suicide risk in young patients?

- Yes
- No
- Don't know

4. Thinking of young patients supported with their neurodiversity (such as autism, ADHD, dyslexia, or any other neurodevelopmental difference) while under the care of CAMHS, to your knowledge, do they continue receiving this support once their care is transferred to your service?

- No
- Yes, usually (question 4a to open)
- Yes, sometimes (question 4a to open)
- Not known

**4.a (ONLY TO APPEAR IF ANSWER TO Q5 is “YES, USUALLY” OR “YES, SOMETIMES”) Do you think this change in support for neurodiversity increases suicide risk in young patients?**

- Yes
- No
- Don't know

**5. In your service what support and treatments are available in practice for young patients? (Please tick all that apply)**

- Advice and self-management
- Talking therapies (i.e., CBT, DBT)
- Family therapy
- Medication
- Specialist services (i.e., eating disorder services)
- Other (please specify) (free text box)

**6. To your knowledge, does the support and treatment(s) they received for their mental health change following transition to your service?**

- No, treatment will usually continue as before
- Yes (question 6a and 6b to open)
- Other (please specify) (free text box) (question 6a and 6b to open)
- Not known

**6a. (ONLY TO APPEAR IF ANSWER to Q6 is “YES” or “OTHER”) How does their treatment usually change? (Please tick all that apply)**

- Talking therapy is likely to stop
- Talking therapy is likely to be introduced
- Talking therapy is likely to change
- Medication is likely to stop
- Medication is likely to be introduced
- Medication is likely to change
- Other (please specify) (free text box)
- Not known

**6b. (ONLY TO APPEAR IF ANSWER to Q6 is “YES” or “OTHER”) Do you think this change in treatment increases suicide risk in young patients?**

- Yes
- No
- Don't know

**7. In your opinion, are there any other differences in the treatment(s) available to young patients in your service compared to CAMHS that you would like to tell us about? (Please consider any changes that you think might make young patients feel safer and/or less safe).**

### EXPERIENCE OF CARE SETTINGS

**8. Where do you usually see young patients for routine appointments? (Please tick all that apply)**

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

**9. To your knowledge, is the location of their routine appointments different in CAMHS?**

- No
- Yes, in a different setting (question 9a and 9b to open)
- Other (please specify) (free text box)
- Not known

**9a. (ONLY TO APPEAR IF ANSWER TO QUESTION 9 IS “YES”) To your knowledge, where do young patients under the care of CAMHS mainly see their care team for routine appointments?**

- Hospital/community clinic
- Home
- Non-clinical community setting (i.e., drop-in centre, cafe)
- Online/telephone contact
- Educational setting (i.e., at school)
- Other (please specify) (free text box)
- Not known

**9b. (ONLY TO APPEAR IF ANSWER TO QUESTION 9 IS “YES”) Do you think this change in the location of routine appointments increases suicide risk in young patients?**

- Yes

- No
  - Don't know
- 10. To your knowledge, are young patients receiving treatment and support from your service mostly seen by the same practitioners/care team?**
- No (question 11a to open)
  - Yes
  - Other (please specify) (free text box)
  - Not known
- 11. To your knowledge, were they mostly seen by the same practitioners/care team while under the care of CAMHS?**
- No (question 11a to open)
  - Yes
  - Not known
- 11a. (ONLY TO APPEAR IF ANSWER to Q11 is "YES" AND Q10 is "NO" OR IF ANSWER TO Q11 is "NO" AND Q10 is "YES" OR IF ANSWER TO Q10 is "NO" AND Q11 is "NO") Do you think seeing different staff with each contact increases suicide risk in young patients?**
- Yes
  - No
  - Don't know
- 12. To your knowledge, who else may be routinely involved in supporting young patients under the care of your service, in addition to their care team? (Please tick all that apply)**
- Not applicable (no other people usually involved in their care)
  - Educational staff/support services (i.e., university, school, college) [if selected opens 12a.]
  - Leaving care worker [if selected opens 12a.]
  - Social services [if selected opens 12a.]
  - Alcohol and drug worker [if selected opens 12a.]
  - Youth justice worker [if selected opens 12a.]
  - Child health staff (e.g., paediatrician) [if selected opens 12a.]
  - VCSE or Youth worker [if selected opens 12a.]
  - Other (please specify) (free text box) [if selected opens 12a.]
  - Not known
- 12a. (ONLY TO APPEAR IF ANSWER TO QUESTION 12 IS ANYTHING OTHER BUT "NOT APPLICABLE") To your knowledge, was this support available in CAMHS?**
- No
  - Yes

- Other (please specify) (free text box)
  - Not known
- 13. How often do young patients under the care of your service have appointments with their care team? (not including at times of crisis)**
- Weekly
  - 2-3 times a month
  - Monthly
  - Other (please specify) (free text box)
  - Not known
- 14. To your knowledge, does frequency of contact change when a young patient moves from CAMHS to your service?**
- No
  - Yes, it increases
  - Yes, it decreases (question 14a to open)
  - Other (please specify) (free text box)
  - Not known
- 14a. (ONLY TO APPEAR IF ANSWER TO QUESTION 14 IS “YES DECREASES”) Do you think this change in the frequency of contact increases suicide risk in young patients?**
- Yes
  - No
  - Don't know
- 15. Is there anything else you would like to tell us about the differences young patients may experience in care settings between CAMHS and adult services? (please consider any changes that you think might make them feel safer or less safe)**

#### **FAMILY AND/OR CARER INVOLVEMENT AND DECISION-MAKING**

- 16. Thinking of young patients whose care you manage, are their families and/or carers routinely involved in their care?**
- No
  - Yes, all the time
  - Yes, some of the time
  - Other (please specify) (free text box)
  - Not known

**17. To your knowledge, does family and/or carer involvement change once a young patient's care is transferred from CAMHS to your service?**

- No
- Yes, they are likely to become more involved
- Yes, they are likely to become less involved (question 17a to open)
- Other (please specify) (free text box)
- Not known

**17a. (ONLY TO APPEAR IF ANSWER TO QUESTION 17 IS "YES LESS INVOLVED") Do you think this change in family and/or carer involvement increases suicide risk in young patients?**

- Yes
- No
- Don't know

**18. In your service, do young patients contribute to the planning of care and make decisions about their own care and treatment?**

- No
- Yes, all the time
- Yes, some of the time
- Other (please specify) (free text box)
- Not known

**19. To your knowledge, when a young patient's care moves to your service from CAMHS, does their involvement in care planning change?**

- No
- Yes, patient is likely to be more involved
- Yes, patient is likely to be less involved (question 19a to open)
- Yes, family and/or carers are likely to be more involved
- Yes, family and/or carers are likely to be less involved
- Not known

**19a. (ONLY TO APPEAR IF ANSWER TO QUESTION 19 IS "YES LESS INVOLVED") Do you think this change in a young patient's involvement in their care planning increases suicide risk?**

- Yes
- No
- Don't know

**20. Is there anything else you would like to tell us about the difference in young patients' (and their family and/or carers') involvement in making decisions about their care in your service compared to CAMHS? (please consider any changes that you think might make them feel safer or less safe)**

## PATIENT SAFETY

**This section discusses patient safety and asks questions about suicide. Please answer these questions thinking about young patients you care or have cared for who have experienced suicidal thoughts, feelings or intentions. Please do not include any information that may identify you, someone else or any specific mental health trust.**

**21. What information about what to do or who to contact in a suicidal crisis is given to young patients and their families and/or carers under the care of your service? (Please tick all that apply)**

- No information
- A written safety/crisis plan
- Information on how to contact their care team
- Information on local support options and 24-hour services
- Patient's family and/or carers are given this information
- Other (please specify) (free text box)
- Not known

**22. To your knowledge, does the provision of information about what to do or who to contact in a suicidal crisis change when they move from CAMHS to your service? (Please tick all that apply)**

- No (i.e., safety plan is likely to remain the same)
- Yes, they are likely to be given a new safety/crisis plan (question 22a to open)
- Yes, accessing support is likely to become easier
- Yes, accessing support is likely to become harder (question 22a to open)
- Not known

**22a. (ONLY TO APPEAR IF ANSWER TO QUESTION 22 IS "YES NEW SAFETY PLAN" OR "YES HARDER") Do you think this change the provision of information increases suicide risk in young patients?**

- Yes
- No
- Don't know

**23. For young patients under the care of your service who are experiencing suicidal thoughts, feelings or intentions, what interventions are available in practice to keep them safe? (Please tick all that apply)**

- Increased contacts
- Self-help advice
- Home visit
- Referral to crisis/home treatment
- In-patient admission

- Referral to alcohol and drug services
- Other (please specify) (free text box)
- No intervention
- Not known

**24. Thinking of young patients who have been at risk of suicide, what do you think were the most important contributing factors? (please tick all that apply)**

- Life events/personal circumstances (question 24a to open)
- Service factors related to aspects of transition (please specify) (free text box)
- Other (please specify) (free text box)
- Not known

**24a. (ONLY TO OPEN IF ANSWER TO Q23 IS "LIFE EVENTS" OR "BOTH OF THE ABOVE") What was going on in their lives when they were moving between services, which may have contributed to risk?**

- 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
- Domestic violence
- Alcohol and/or drug use
- Financial worries (including reduction in benefits)
- Bereavement
- Other (please specify) (free text box)
- Not known

**25. Thinking of young patients whose risk of suicide increased during or after the transition to your service from CAMHS, do you know what the service response was to reduce their risk?**

- Increased contacts with care team
- A delay in transition
- Increased involvement of family and/or carers
- No action
- Other (please specify) (free text box)
- Not known

26. **Is there anything else you can tell us about the difference between how CAMHS and adult services manage suicide risk, particularly in relation to suicidal thoughts, feelings or intentions?** (Please include anything that works well, does not work well, could be better, or any differences that you think might make a young patient feel safer or less safe)

### THE TRANSITION PROCESS

27. **To your knowledge, are young patients and their family and/or carers involved in the decision to be transferred from CAMHS to adult services?** (Please tick all that apply)

- No
- Yes, transition is likely to be discussed with the patient
- Yes, transition is likely to be discussed with the patient's family and/or carers only
- No, but patient is likely to be provided with a written transition plan
- Other (please specify) (free text box)
- Not known

28. **Are young patients offered the opportunity to meet their new adult mental health care team before their care is transferred to your service?**

- No
- Yes
- Not known

29. **Is there anything else you would like to tell us about patient care during the transition to your service from CAMHS?** (Please include any examples of good practice, or anything that does not work well or could be better).