

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 your care and safety before, during and after your 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 your 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 you 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 or someone else, or any specific mental health service. If this information is disclosed, we will either anonymise this information or remove it.**

DEMOGRAPHICS

1. How old are you?

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

2. What is your sex? (This question is about your sex at birth)

- Male
- Female
- Prefer not to say

3. Do you identify as transgender, non-binary or gender diverse?

- No
- Yes, I am a trans woman
- Yes, I am a trans man
- Yes, I am non-binary
- Prefer not to say
- Other (please specify) (free text box)

4. What is your 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

YOUR MENTAL HEALTH AND TREATMENT

5. Were you given a mental health diagnosis during your care with CAMHS?

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

6. After moving to adult services, did your diagnosis change or were you given a new diagnosis?

- No
- Yes, my diagnosis changed (please specify if known) *(free text box (question 6a to open))*
- Yes, I was given a diagnosis for the first time in adult services (please specify if known) *(free text box (question 6a to open))*
- Don't know

6a. (ONLY TO APPEAR IF ANSWER TO Q6 IS "YES") How did you find this change in diagnosis?

- Helpful
- Unhelpful

- Neutral
 - Don't know
- 7. Would you describe yourself as neurodivergent (such as having autism, ADHD, dyslexia, or any other neurodevelopmental difference)?**
- No
 - Yes, formally diagnosed (please specify) (free text box) (question 7a to open)
 - Yes, no formal diagnosis but I consider myself neurodivergent (please specify) (free text box) (question 7a to open)
 - Prefer not to say
 - Don't know
- 7a. (ONLY TO APPEAR IF ANSWER to Q7 is "YES") Did you receive support for your neurodiversity when you were a patient of CAMHS?**
- No
 - No, but I did under adult services
 - Neurodiversity not recognised during care with CAMHS
 - Yes (question 7b to open)
 - Support was offered but I declined/discontinued it
 - Not applicable (not formally diagnosed)
 - Other (please specify) (free text box)
 - Don't know
- 7b. (ONLY TO APPEAR IF ANSWER to Q7a is "YES") When you moved to adult services did you continue to receive support for your neurodiversity?**
- No (question 7c to open)
 - Yes
 - Support was offered but I declined/discontinued it
 - Not applicable (not formally diagnosed)
 - Other (please specify) (free text box)
 - Don't know
- 7c. (ONLY TO APPEAR IF ANSWER to Q7b is "NO") How did you feel when this support stopped?**
- Happy
 - Unhappy
 - Neutral
 - Don't know
- 8. What treatment(s) did you receive for your mental health whilst you 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)

9. Thinking of when your care moved to adult mental health services did the treatment(s) you receive for your mental health change?

- No, my treatment continued as before
- Yes (questions 9a and 9b to open)
- Other (please specify) (free text box)
- Don't know

9a. (ONLY TO APPEAR IF ANSWER TO Q9 IS "YES") How did your 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)

9b. (ONLY TO OPEN IF ANSWER TO Q9 IS "YES") How did you find this change in treatment?

- Helpful
- Unhelpful
- Neutral
- Don't know

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

EXPERIENCE OF CARE SETTINGS

11. Thinking of the routine appointments you had with CAMHS, where did you mainly see your CAMHS care team? (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)
- Other (please specify) (free text box)

12. Thinking of when you moved to adult mental health services has the location of your routine appointments changed?

- No
- Yes, changed to a different setting (questions 12a and 12b to open)
- Other (please specify) (free text box)

12a. (ONLY TO APPEAR IF ANSWER to Q12 is “YES”) Where do you mainly see your adult services care team?

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

12b. (ONLY TO APPEAR IF ANSWER to Q12 is “YES”) How did you find this change in the location of your routine appointments?

- Helpful
- Unhelpful
- Neutral
- Don't know

13. Thinking of when you were a patient of CAMHS, did you mostly see the same people from your care team?

- No, saw different staff with each contact (question 15a to open)
- Yes, always/mostly saw the same staff (question 15a to open)
- Other (please specify) (free text box)
- Don't know

14. In addition to the CAMHS team, who else was involved in your care? (Please tick all that apply)

- Not applicable (no other people involved in my care)
- Educational staff/support services (i.e., university, school, or college)
- Leaving care team

- Social services
- 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

15. Thinking of when your care moved to adult services, did you mostly see the same people from your care team?

- No, saw different staff with each contact (question 15a to open)
- Yes, always/mostly saw the same staff (question 15a to open)
- Other (please specify) (free text box)
- Don't know

15a. (ONLY TO APPEAR IF ANSWER to Q13 is "YES" AND Q15 is "NO" OR IF ANSWER TO Q13 is "NO" AND Q15 is "YES" OR IF ANSWER TO Q13 is "NO" AND Q15 is "NO") How did you find seeing different staff with each contact in CAMHS, in adult services, or in both?

- Helpful
- Unhelpful
- Neutral
- Don't know

16. In addition to the adult services care team, who else is involved in your care? (Please tick all that apply)

- Not applicable (no other people involved in my care)
- Educational staff/support services (i.e., university, school, or college)
- Leaving care team
- Social services
- 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

17. Thinking of your routine appointments with CAMHS, how often did you have contact with your care team? (not including at times of crisis)

- Weekly

- 2-3 times a month
- Monthly
- Other (please specify) (free text box)

18. Did the frequency of contact change when you moved to adult services?

- No
- Yes, increased (question 18a to open)
- Yes, decreased (question 18a to open)
- Other (please specify) (free text box)
- Don't know

18a. (ONLY TO APPEAR IF ANSWER to Q18 is "YES, INCREASED" OR "YES, DECREASED") How did you find the change in frequency of contact with adult services?

- Helpful
- Unhelpful
- Neutral
- Don't know

19. Is there anything else you would like to tell us about the differences in your experience of care settings between CAMHS and adult services? (please consider any changes that made you feel safer and/or less safe)

FAMILY AND/OR CARER INVOLVEMENT AND DECISION-MAKING

20. Were your family and/or carers involved in your care when you were a patient of CAMHS?

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

21. Thinking of when your treatment and support moved to adult services, did the involvement of your family and/or carers change?

- No
- Yes, they were more involved (question 21a to open)
- Yes, they were less involved (question 21a to open)
- Other (please specify) (free text box)

21a. (ONLY TO APPEAR IF ANSWER to Q21 is "YES, MORE INVOLVED" OR "YES, LESS INVOLVED") How did you find the change in your family and/or carers involvement with your care?

- Helpful
- Unhelpful
- Neutral
- Don't know

22. When your treatment and support moved to adult services were you asked how you wanted your family and/or carers to be involved in your care?

- No
- Yes, I agreed to my family and/or carers being involved
- Yes, and I did not want my family and/or carers involved
- Yes, and I only wanted information about me shared with my family and/or carers during a crisis
- Other (please specify) (free text box)

23. Thinking of when you were a patient of CAMHS, did you feel you were able to contribute to the planning of and help make decisions about your own care?

- No, neither me nor my family and/or carers were involved in decision-making
- No, only my family and/or carers were involved
- Yes, I was involved in ALL decisions about my care
- Yes, I was involved in SOME decisions about my care
- Yes, I was involved in ALL decisions about my care, *with my family and/or carers*
- Yes, I was involved in SOME decisions about my care, *with my family and/or carers*
- Other (please specify) (free text box)
- Don't know

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

- No
- Yes, I was more involved (question 24a to open)
- Yes, I was less involved (question 24a to open)
- Don't know

24a. (ONLY TO APPEAR IF ANSWER to Q24 is "YES, MORE INVOLVED" OR "YES, LESS INVOLVED") How did you find the change in your involvement in your care planning?

- Helpful
- Unhelpful
- Neutral
- Don't know

25. Is there anything else you would like to tell us about the difference in your involvement, and that of your family, in making decisions about your care in CAMHS compared to adult services? (please

consider if you felt involved in your care before or after moving to adult services and if this made you feel safe or less safe)

YOUR SAFETY

This section discusses your safety and asks questions about your 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 if they make you feel uncomfortable.

26. Thinking of when you were a patient of CAMHS, did you feel you were given enough information about what to do or who to contact in a suicidal crisis? (Please tick all that apply)

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

27. Once your care 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., my safety plan remained the same)
- Yes, I have a new safety/crisis plan (question 27a to open)
- Yes, it is easier to access support (question 27a to open)
- Yes, it is harder to access support (question 27a to open)
- Other (please specify) (free text box)
- Don't know

27a. (ONLY TO APPEAR IF ANSWER to Q27 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

28. Thinking of when you were a patient of CAMHS, did you experience suicidal thoughts or thoughts of harming yourself?

- No
- Yes (question Q28a to open)
- Prefer not to say

28a. (ONLY TO APPEAR IF ANSWER to Q28 is “YES”) What was put in place by your CAMHS team to help keep you safe? (Please tick all that apply)

- I did not share my experience of suicidal thoughts or thoughts of harming myself with my care team
- No intervention
- Increased contacts by current care team (question Q28b to open)
- Self-help advice (question Q28b to open)
- Home visit (question Q28b to open)
- Referral to crisis/home treatment (question Q28b to open)
- Advised to attend or accompanied/taken to A&E (question Q28b to open)
- In-patient admission (question Q28b to open)
- Referral to alcohol and drug services (question Q28b to open)
- Other (please specify) (free text box) (question Q29b to open)

28b. (WILL NOT APPEAR IF ANSWER to Q28a is “I DID NOT SHARE MY EXPERIENCE....” OR “NO INTERVENTION”) Was CAMHS’ response to your suicidal thoughts or thoughts of harming yourself helpful?

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

29. When you moved to adult services, did you experience an increase in suicidal thoughts or thoughts of harming yourself?

- No
- Yes (question Q29a to open)
- Prefer not to say

29a. (ONLY TO APPEAR IF ANSWER to Q29 is “YES”) What was put in place by adult services to help keep you safe? (Please tick all that apply)

- I did not share my experience of suicidal thoughts or thoughts of harming myself with my care team
- No intervention
- Increased contacts by current care team (question Q29b to open)
- Self-help advice (question Q29b to open)
- Home visit (question Q29b to open)
- Referral to crisis/home treatment (question Q29b to open)

- Advised to attend or accompanied/taken to A&E (question Q29b to open)
- In-patient admission (question Q29b to open)
- Referral to alcohol and drug services (question Q29b to open)
- Other (please specify) (free text box) (question Q29b to open)

29b. (WILL NOT APPEAR IF ANSWER to Q29a is “I DID NOT SHARE MY EXPERIENCE...” OR “NO INTERVENTION”) Was the response from adult services to your suicidal thoughts or thoughts of harming yourself helpful?

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

30. Was there anything going on in your life when you were moving between services, which may have contributed to your experience of suicidal thoughts, feelings or intentions? (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
- Domestic violence
- Alcohol and/or drug use
- Financial worries (including reduction in benefits)
- Bereavement
- Other (please specify) (free text box)

31. Was there anything about the care you have received when you moved between services, which may have contributed to your experience of suicidal thoughts, feelings or intentions?

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

32. 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 suicidal

thoughts, feelings or intentions? (Please include anything that went well, did not go so well, or could have been better, and/or any changes that made you feel safer and/or less safe).

THE TRANSITION PROCESS

33. Were you and your family and/or carers involved in the decision to be transferred to adult mental health services? (Please tick all that apply)

- No
- Discussed with me
- Discussed with my family and/or carers
- I was given a written transition plan

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

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

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