

Developed by colleagues at GM i-THRIVE.
Thank you for taking the time to complete survey.
This survey is looking at how you felt about the appointments you had within CAMHS. We want to make sure that we are continually developing our services to be better for you and other children and young people who may use them in the future.
All your answers will be kept private and confidential and we will not share your personal information with anyone. Completing this survey will not affect your appointments at CAMHS so we would like you to be as honest as you can.
This survey should take no more than 5-10 minutes to complete. We would be really grateful if the survey could be completed by: TBC
If you have any questions you can email: ithriveinfo@tavi-port.nhs.uk Thank you.
The National i-THRIVE Programme
1. Where do you live?

2. How old are you?



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3.	Where do you attend your Child and Adolescent Mental Health Services (CAMHS)
	appointment?

4. Other than Child and Adolescent Mental Health Services (CAMHS), do you know of other services available to help support your emotional health and wellbeing?

Yes	
No	

5. If yes to question four, what support could you access?

6. On a scale of 1-5 (1 being the lowest and 5 being the highest), how much do you agree or disagree with the following statement: I feel that I am getting the right support for my mental health that I need at this time.

1	2	3	4	5



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7.	What service	organisation were	you signposted	to?
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Online	Drop in somewhere local (e.g. library) and talk to someone	
Via text	Talk to someone at school/college	
Talk to someone on the phone	Attend a local hospital or mental health service	
Other (Please specify)		

8. D	id you	have a c	hoice of	whe	ere your	CAMHS/	'HYMs	appointments t	ook p	lace?
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Yes	
No	

9. If you could choose, where would you prefer to have your appointment?

At school or college	At your local hospital or mental health centre	⊠
At home	Call in somewhere local like the library or community centre	
At your doctor's surgery		
Other (Please specify)		

10. When you first went to Child and Adolescent Mental Health Services (CAMHS), were you told about the different types of treatment (e.g. therapy) available to best support you?

Yes	
No	



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11.	On a scale of 1-5 (1 being the lowest and 5 being the highest), how much do you agree or
	disagree with the following statement: I was involved in making decisions about my
	treatment.

1	2	3	4	5

12. At the beginning of your treatment, did you agree the goal(s) you would be working towards during your sessions?

Yes	
No	
I don't know	

13. On a scale of 1-5 (1 being the lowest and 5 being the highest), how much do you agree or disagree with the following statement: I understood from the beginning how long it would take to achieve my treatment goal(s).

1	2	3	4	5

14. On a scale of 1-5 (1 being the lowest and 5 being the highest), how much do you agree or disagree with the following statement: I feel that services in my area talk to each other, so I don't have to repeat things.

1	2	3	4	5



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15.	On a scale of 1-5 (1 being the lowest and 5 being the highest), how much do you agree or
	disagree with the following statement: At the beginning of my treatment, my CAMHS
	worker and I planned what would happen if my goals were not achieved.

1	2	3	4	5

16. If you have been discharged from Child and Adolescent Mental Health Services (CAMHS), do you know how to re-connect with them?

Yes	
No	
Unsure	

17. Do you have any advice for professionals on how to best support young people's emotional health and wellbeing?

18. On a scale of 1-5 (1 being the lowest and 5 being the highest), how satisfied or unsatisfied were you with the waiting time for your first Children and Adolescents Mental Health Services (CAMHS) appointment?

1	2	3	4	5



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19.	On a scale of 1-5 (1 being the lowest and 5 being the highest), how satisfied or unsatisfie	d
	were you with the waiting time for your treatment appointment?	

1	2	3	4	5

20. On a scale of 1-5 (1 being the lowest and 5 being the highest), how much do you agree or disagree with the following statement: I am happy with my appointments at CAMHS.

1	2	3	4	5

21. Based on your experience of Child and Adolescent Mental Health Services (CAMHS), what changes would you like to see happen to mental health services in your area?