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**My Leaving CAMHS Passport**

**Name:**

**DOB:**

**NHS No:**

**If you wish, you can use this space to express your identity and what is important to you, in any way you want (e.g. drawing, painting, photos, pictures from the internet)**

**Hello....**

We hope that you will be happy to spend some time completing this booklet as you begin to think about what support may be useful for you once you are 18 years old and have left CAMHS. We hope that doing so can be helpful in several ways:

* It gives you an opportunity to think back on your work with CAMHS and what has been helpful and unhelpful
* It helps clinicians plan what support might be helpful for you in the future
* It means you might be able to give us a lot of information without being asked directly about it

This booklet is optional- you do not have to complete it, and can still move to adult mental health services, other services, or leave CAMHS, without completing it.

You are welcome to complete this booklet in any way you wish; you can fill everything in, or just choose the bits that are most meaningful to you. You can also involve whoever you like in completing it, for example if you’d like to work through it together with a parent or relative, or with your CAMHS keyworker or other professional. You can also do whatever you want to this booklet- draw on it, scribble on it, colour it. Or just leave it as it is.

This booklet is to support your transition out of CAMHS- it is not intended to replace professionals talking directly to you and your family, or to replace professionals sharing information with each other. The things you write in this booklet can be discussed further with your new keyworker in adult services if you are moving to adult services, for you to decide together if/how the things you write about can be accommodated or supported in adult services. This document is a conversation starter rather than replacing conversations.

**About you**

As you approach 18 years old, we would like to know a little bit about you:

|  |  |
| --- | --- |
| **General Information** | |
| Full name: | What I like to be called, e.g. nicknames: |
| How I identify (e.g. gender, pronouns) | |
| Preferred method of communication (email, text etc.): | |
| Is there anything you find it helpful for professionals to do when they support or communicate with you, so that this is easier for you? | |
| What are your goals and hopes for the future? These can be long-term or short-term, related to your mental health, or anything you would like to work towards. | |
| Likes: | Dislikes: |
| Is there anyone that is important to you that you would like us to be aware of? | |

**Previous work with CAMHS**

We would like to explore and understand your previous involvement with CAMHS and what you have found to be helpful/unhelpful.

When did you first begin working with CAMHS and what was the reason for this?

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Have you had any therapies, treatment or support from CAMHS? If so, what have you received?

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Is there any particular support or things you have found to be helpful or unhelpful from CAMHS:

|  |  |
| --- | --- |
| Helpful | Unhelpful |
|  |  |

What is your understanding regarding your mental health? (e.g. do you identify with any particular diagnosis, do you believe certain events have led you to have the difficulties you have?):

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**Support post 18**

Do you have any questions or worries about adult mental health services or leaving CAMHS?

* …………………………………………………………………………………………………………………………
* …………………………………………………………………………………………………………………………
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Do you have any ideas for what support you would like post 18 years old?

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Is there anything you would like to see change or stay the same once you have left CAMHS?

|  |  |
| --- | --- |
| Change | Stay the Same |
|  |  |

Is there any support you are receiving outside of NHS services, for example any peer support, advocacy, etc.?

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What things may help you when you are struggling with your mental health, and what can influence you to struggle with your mental health more:

|  |  |  |
| --- | --- | --- |
| Things **you** do that you find helpful | Things **others** can do that you find helpful | What things can make your mental health more difficult to cope with? |
|  |  |  |

What things would you consider to be your strengths, and what do you consider to be your challenges:

|  |  |
| --- | --- |
| Strengths | Challenges |
|  |  |

The table below is to write about anything you feel is going well in the categories in the left-hand column, and things you feel you would like more support with:

|  |  |  |
| --- | --- | --- |
|  | Things going well | Things you would like more support with |
| Physical Health |  |  |
| Social life and activities (e.g. hobbies, volunteering, education) |  |  |
| Relationships |  |  |
| Emotional Wellbeing |  |  |
| Anything Else |  |  |

**Use this space to tell us anything else that is important to you, if you wish:**

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**If you wish, please use the space below to record the views of anyone who is important to you outside of mental health services (e.g. friends, relatives, advocate):**

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