

Transition Care Plan

Moving from young people's to
adult mental health
services.

To be started 6-12 months
before transition



Scottish Government
Riaghaltas na h-Alba
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What is a transition?

In health care, a transition is the process of preparing, planning and moving from children's to adult services.

What is a Transition Care Plan (TCP)?

A Transition Care Plan is a document that can be completed and used by you and your key mental health practitioner to help you to start to think ahead and be in control of your move to adult mental health services. You have the right to have your views, opinions and concerns heard throughout this process and this document, which can be updated as you move through the transition, will help make this happen. Both child and adolescent mental health services and adult mental health services will continue to work with you to update your plan as you progress through your transition.

It will also help young people's and adult mental health services to identify your needs and offer the right help and support throughout your transition and beyond. It will also ensure that adult mental health services have all the information you would like them to have to provide you with individualised care, as well as helping you and your team to make sure the right steps have been taken to make your transition as smooth and as successful as possible.

The clinician you are working with will tell you about using a Transition Care Plan when you begin to discuss your transition. If they don't however, you can bring a copy to them and ask them to use it with you.

There are no right or wrong answers to the questions in this document. It is here to help you and your clinicians see where you are at and how they can further help you during this period of transition and beyond.



This document has been developed by using a rights-based approach. This means the views and lived experiences of services users, such as young people, have been taken into account in its development.

A rights-based approach puts the individual (you), your views and your rights, for example to choice, control and autonomy, at the centre of decision-making.



I have read the guidance document informing me about transitions. ☐ (Tick once complete)

My transition started on _____
_____.

My handover to adult mental health services will occur on _____
_____.

My lead professional contact at Children and Adolescent Mental Health Services is _____
_____.

Their contact details are _____
_____.

My lead professional contact at adult mental health services is _____
_____.

Their contact details are _____
_____.

You have the right for your personal health information to be kept secure and confidential.
This information will not be shared with anyone out with your immediate treatment team at young people’s and adult mental health services, **unless** you give your permission or are thought to be at risk to yourself or others.

I give my permission for this document to be shared with _____
_____.

I would like to be contacted by the following method _____
_____.

My contact details are _____
_____.




How to complete your Transition Care Plan

In the table below are a wide variety of questions on different topics for you to complete.

With each question there are yes, no, and I am unsure/would like more information boxes for you to tick. If you would prefer, you can rate your response to the questions on a scale from 1 to 10 - with 1 meaning 'no' and 10 meaning 'yes' - using the 'my thoughts and comments' box provided. You should also use the 'my thoughts and comments' box to note anything you would like to say in response to the questions.

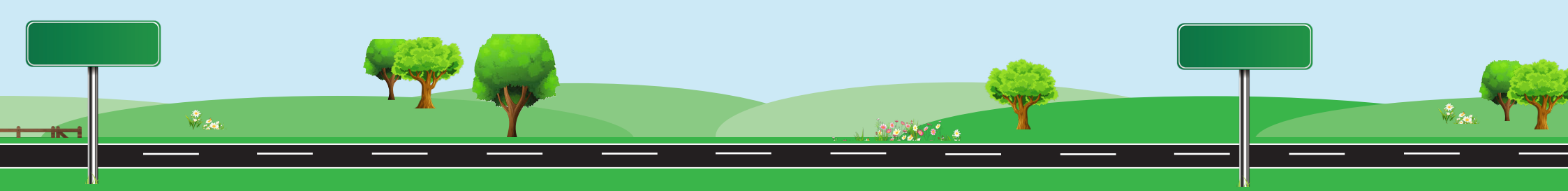
Here is an example of what an answer might look like:

	Yes	No	I am unsure/ I would like more information	My thoughts and comments (rate from 1-10, if helpful)
I understand why I am transitioning to adult mental health services and the transfer of information about me.				3/10 I have heard the word transition mentioned before by my clinician but not really sure what this will mean for my treatment. I would like to discuss this further.



Transferring to adult mental health services

	Yes	No	I am unsure/ I would like more information	My thoughts and comments (rate from 1-10, if helpful)
I understand why I am transferring to adult mental health services and the transfer of information about me.				
I have all the information I need about my transition to adult mental health services.				



Transferring to adult mental health services

	Yes	No	I am unsure/ I would like more information	My thoughts and comments (rate from 1-10, if helpful)
I have visited and met my new contact at adult mental health services.				
I feel comfortable that adult mental health services is able to support any Additional Support Needs (ASN) I may have. (There is space to detail what these needs are at the end of this document).				



Transferring to adult mental health services

	Yes	No	I am unsure/ I would like more information	My thoughts and comments (rate from 1-10, if helpful)
I know that I can bring a parent/guardian/ friend/professional along to adult mental health service meetings during and after my transition.				
My carer/guardian has had a chance to share their opinions, if I have wanted them to.				



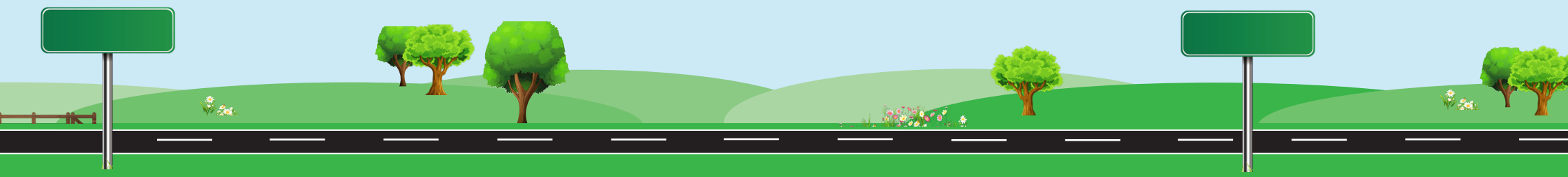
Transferring to adult mental health services

	Yes	No	I am unsure/ I would like more information	My thoughts and comments (rate from 1-10, if helpful)
I have been given information about, and understand how, adult mental health services work and how they differ from young people’s mental health services.				
My rights have been explained to me; for example, I have been given information on advocacy, information sharing and my involvement in care planning. (Please see Guidance Document)				



Transferring to adult mental health services

	Yes	No	I am unsure/ I would like more information	My thoughts and comments (rate from 1-10, if helpful)
My GP and other professionals involved in my treatment have been informed of my transition.				
I understand that I can decide whether I want to transition to adult mental health services or be discharged from mental health services.				



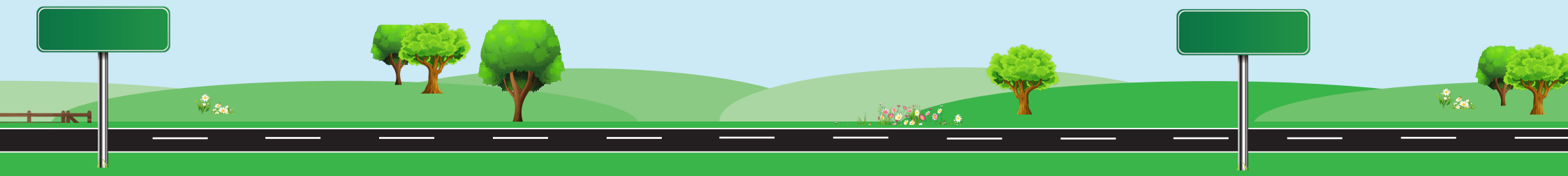
Self-advocacy (speaking up for myself)

	Yes	No	I am unsure/ I would like more information	My thoughts and comments (rate from 1-10, if helpful)
I am ready to attend appointments by myself.				
If you answered no to the question above, is there someone you feel comfortable with that could come with you? Write their name in the comments box.				



Self-advocacy (speaking up for myself)

	Yes	No	I am unsure/ I would like more information	My thoughts and comments (rate from 1-10, if helpful)
I am confident to ask questions in relation to my health and wellbeing, or speaking up if I have a different opinion to my clinician.				
I know who to contact if I have any questions about my mental health treatment.				



Health and Lifestyle

	Yes	No	I am unsure/ I would like more information	My thoughts and comments (rate from 1-10, if helpful)
I exercise regularly/ have an active lifestyle.				
I understand that smoking, drugs or alcohol can have a negative impact on my physical/mental health.				



Health and lifestyle

	Yes	No	I am unsure/ I would like more information	My thoughts and comments (rate from 1-10, if helpful)
I understand eating a balanced meal (for example, breakfast, lunch and dinner) is important for my health and wellbeing.				
I know where and how I can access providers of reliable accurate information about sexual health, relationships or parenting advice.				



Daily Living

	Yes	No	I am unsure/ I would like more information	My thoughts and comments (rate from 1-10, if helpful)
Are you independent at home? For example, dressing, bathing, showering, preparing meals.				
Are you happy with your home living arrangement?				
Do you know where to get information about benefits you may be entitled to? (If applicable)				



Independence

	Yes	No	I am unsure/ I would like more information	My thoughts and comments (rate from 1-10, if helpful)
I order and collect my own prescriptions.				
I book my own appointments.				



Independence

	Yes	No	I am unsure/ I would like more information	My thoughts and comments (rate from 1-10, if helpful)
I call the hospital/ clinic myself if there is a query about my condition and/or therapy.				
I understand my right to confidentiality.				



Independence

	Yes	No	I am unsure/ I would like more information	My thoughts and comments (rate from 1-10, if helpful)
I understand that I will make decisions about my mental health treatment alongside the healthcare team.				



Leisure

	Yes	No	I am unsure/ I would like more information	My thoughts and comments (rate from 1-10, if helpful)
I am capable of planning for trips alone, for example, locally or overseas.				
I feel confident using public transport alone.				



Leisure

	Yes	No	I am unsure/I would like more information	My thoughts and comments (rate from 1-10, if helpful)
I can access my local community, for example, shops, leisure centre, cinema, etc.				
I have regular social interaction, for example, with friends, family, support workers, community, etc.				



Leisure

	Yes	No	I am unsure/ I would like more information	My thoughts and comments (rate from 1-10, if helpful)
I have had work/ volunteering experience.				
I know where to get support and advice on finding a job or volunteering opportunities.				



My wellbeing

	Yes	No	I am unsure/ I would like more information	My thoughts and comments (rate from 1-10, if helpful)
I know someone I can talk to when I am struggling.				
I know how to deal with unwelcome comments and bullying (If you have been affected by bullying, you can contact organisations such as Respectme. Details can be found on the 'Links' section of the Transition Care Plan Guidance Document)				



My wellbeing

	Yes	No	I am unsure/ I would like more information	My thoughts and comments (rate from 1-10, if helpful)
I would like more information about where I can get help and support with managing my feelings.				



My Transition

Who is important in my support network?

Who I would like involved in my transition.

Please use this space to write down any concerns you have about your transition.



What else is happening in my life (other transitions)

It is important that both young people's and adult mental health services are aware of what other changes are going on in your life so that they can put the right support in place for you and your needs.

Please put any information that you feel is important to know or concerns you have about the following areas in your life.

My priorities for care are...

Any Additional Support Needs (ASN)/Specific requirements you may have...



Family/Friends

Home/Living arrangements

Education/Training

Work



Financial

Other

Recording details (see page 3 of the guidance document)		
Date	Met with	Notes

