Improving mental health and wellbeing for infants, children and young people through research, teaching, workforce development and advocacy

Choice and Partnership Approach E-Survey Results

Dr Luci Falconer and Abigail Milnes

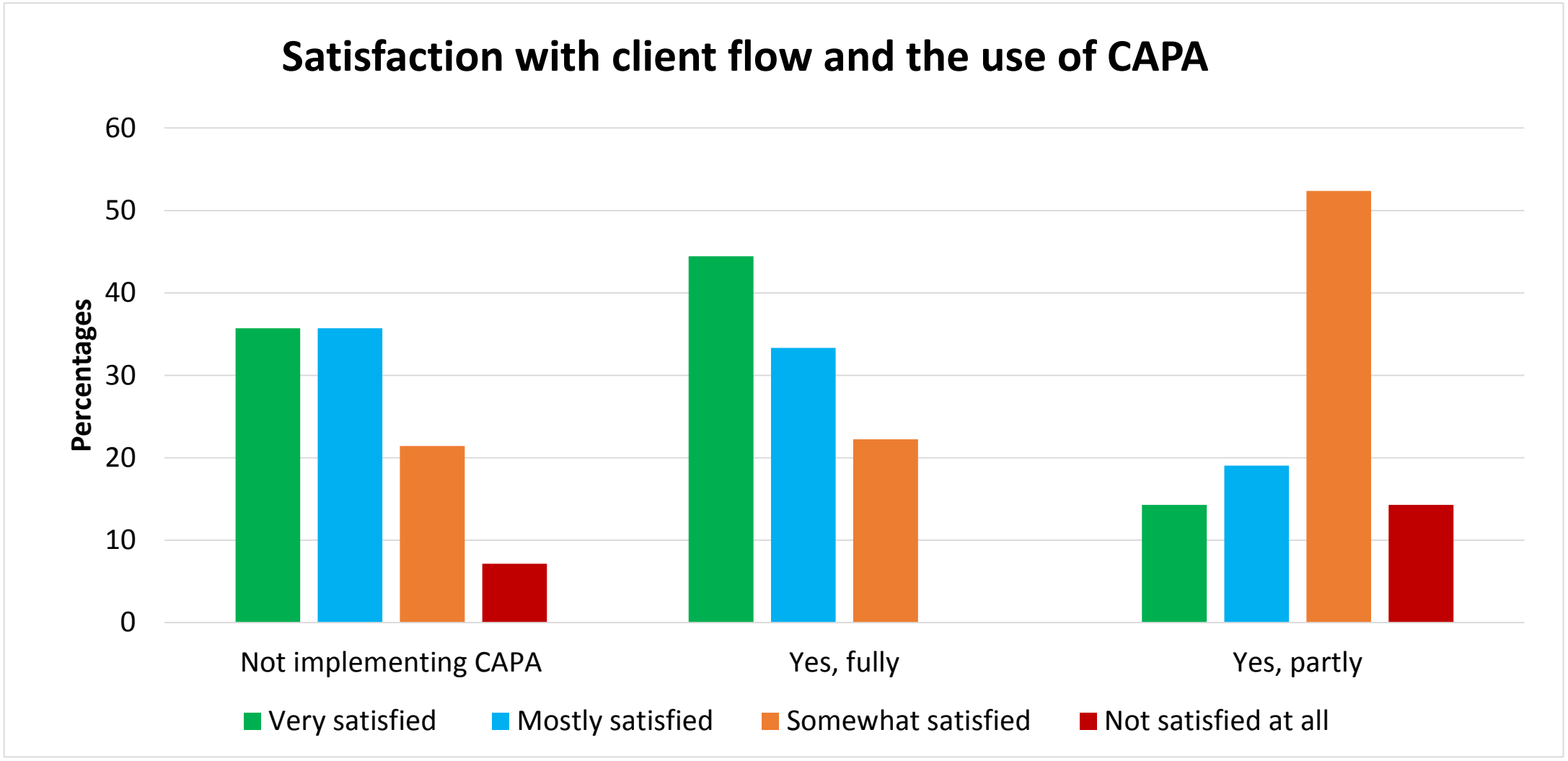
E-survey

- An E-survey on the Choice and Partnership Approach was sent to approximately 135 DHB and NGO ICAMHS/AOD services in July 2015.
- Aimed to determine the extent to which the Choice and Partnership Approach is used nationally and any benefits this approach has had on referral management and treatment pathways.
- We received 49 responses – 30 used CAPA, 19 did not use CAPA. 28 responses were from DHB services, 8 from NGOs, 1 PHO and 2 unsure.

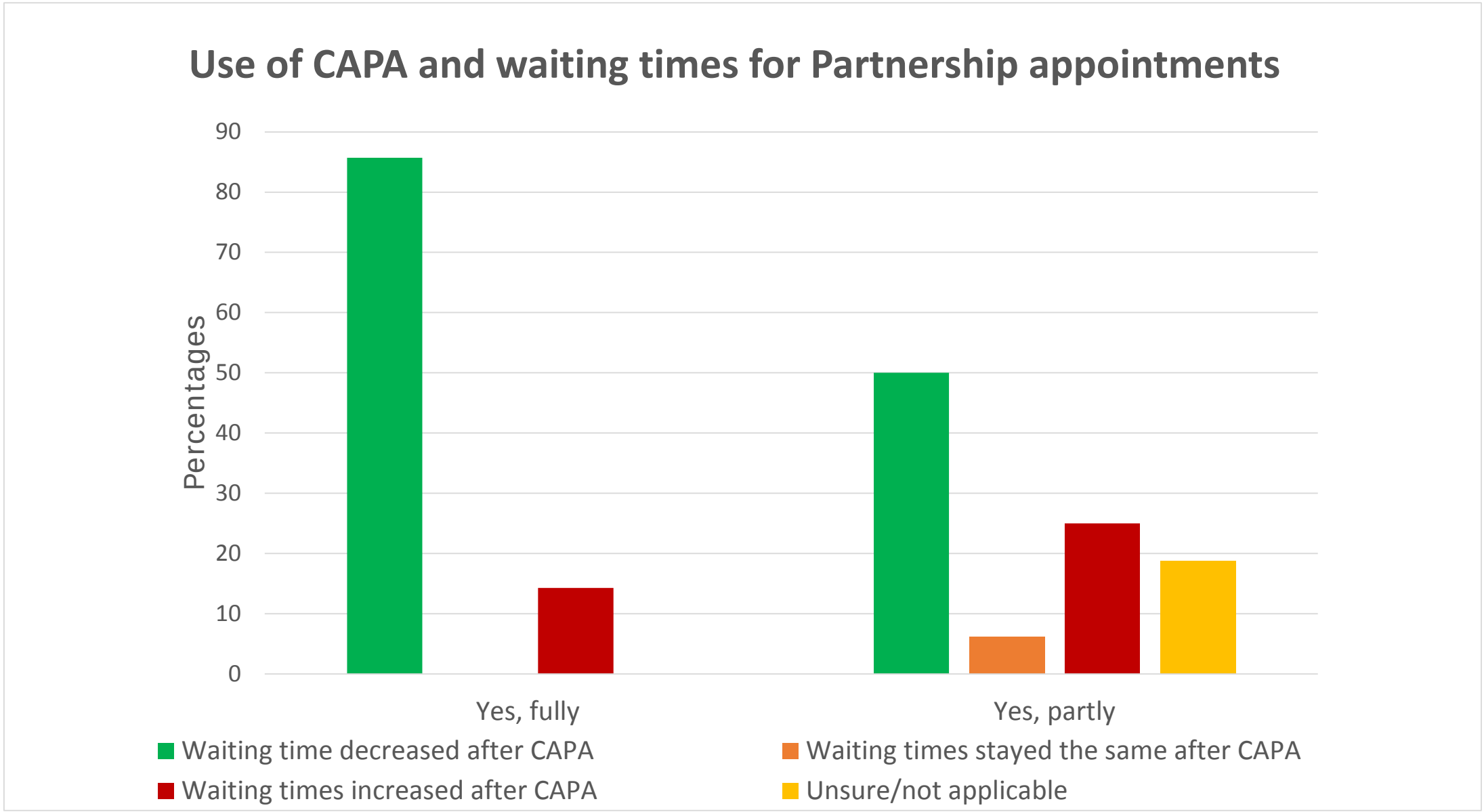
The results

- Services were asked to what extent they implemented the 11 CAPA components. Fully, partly or not at all. These answers were then compared to responses about length of waiting times, numbers of FTEs and clients seen.
- A greater percentage of services that adopted CAPA found that following implementation waiting times decreased both at Choice appointments and Partnership appointments
- In July 2011, the Ministry of Health introduced a target sector wide:
  - 80 percent of people referred for non-urgent mental health or addiction services are seen within 3 weeks
- This expectation may have contributed to a general decrease in waiting times for Choice/first appointments across services. Therefore results related to Partnership are discussed.

Satisfaction with client flow

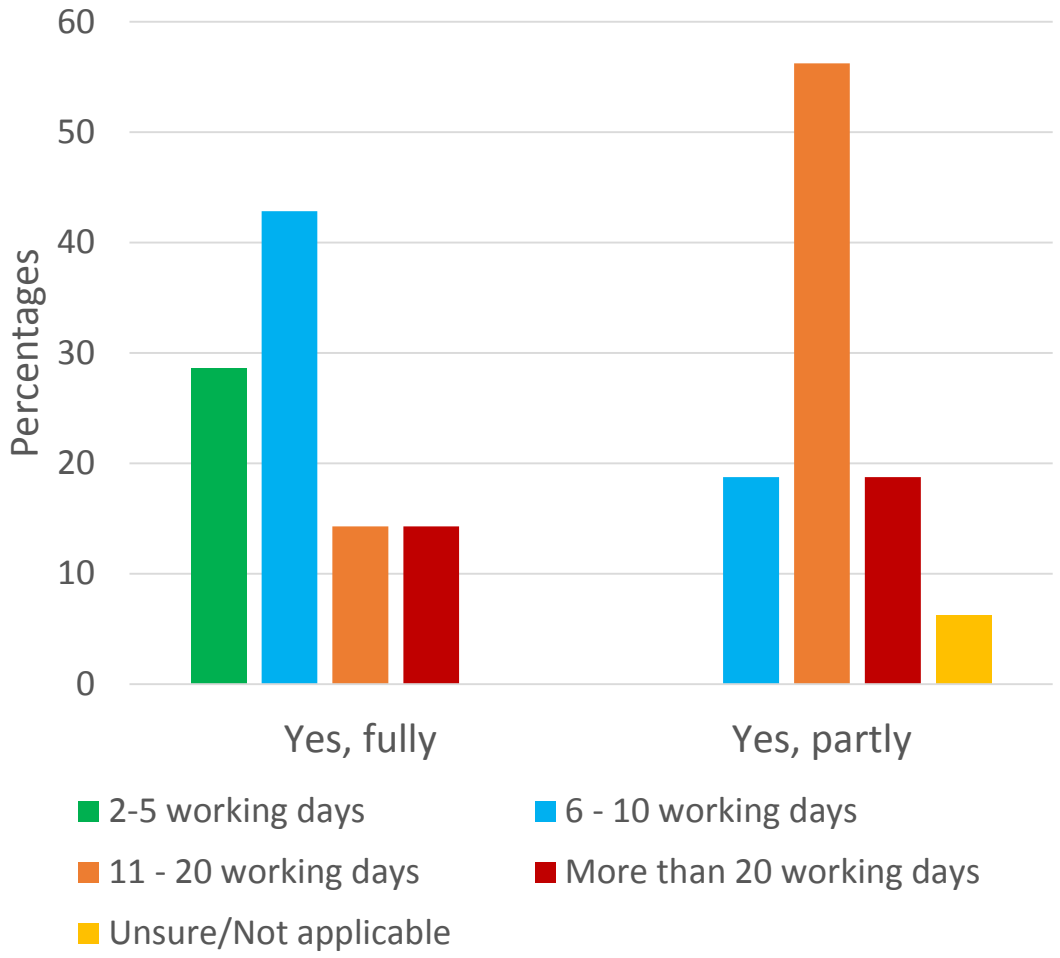


CAPA has had a positive effect on client flow through services

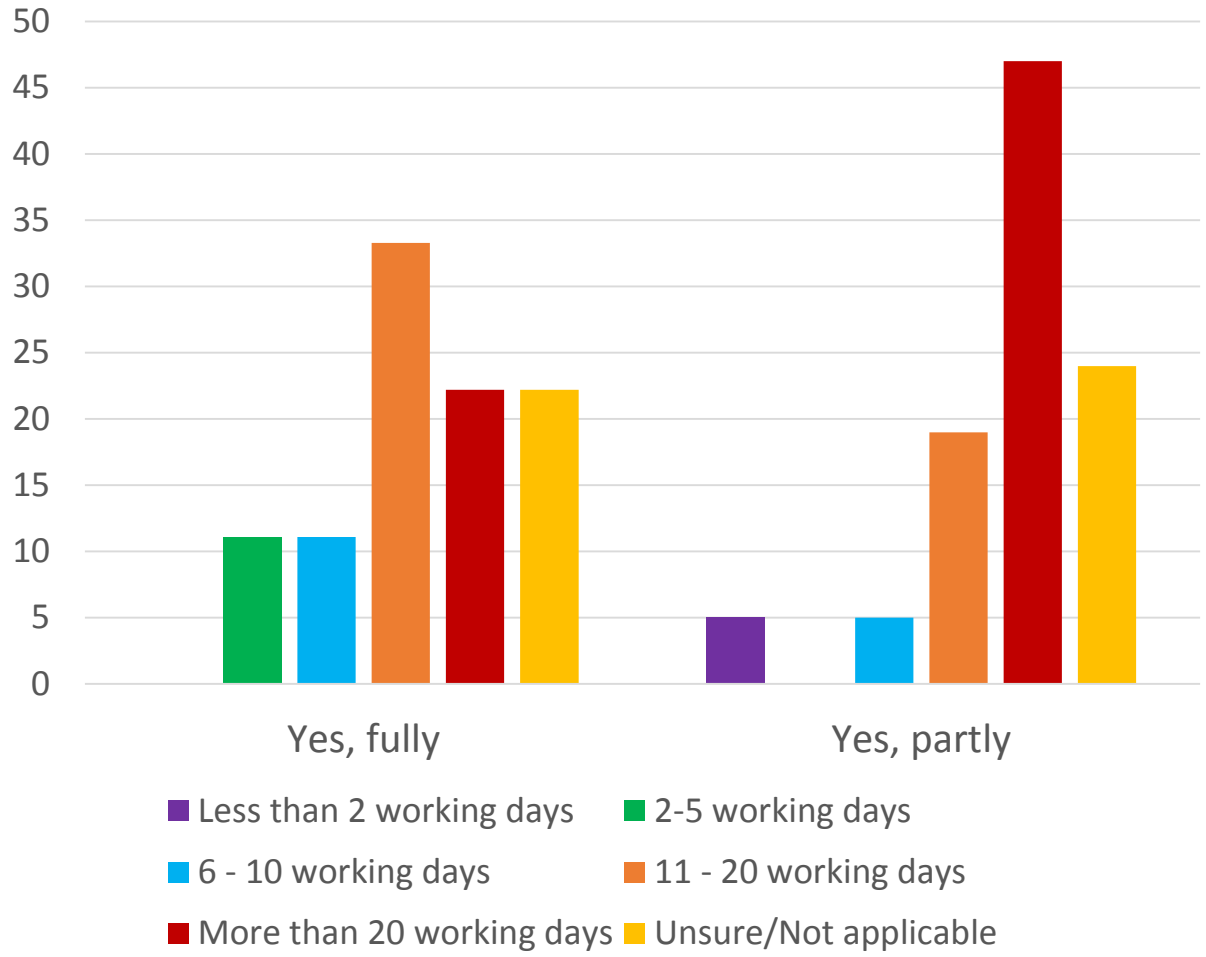


Current waiting times

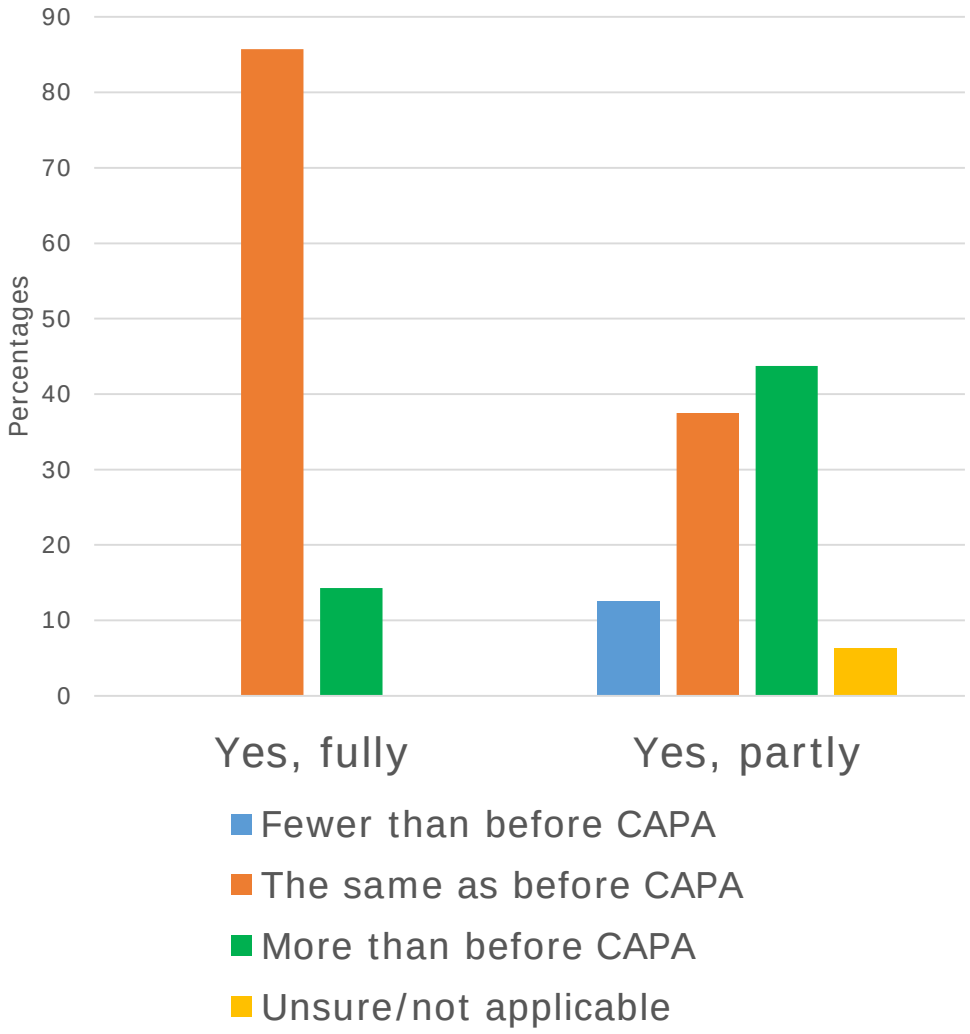
Use of CAPA and current waiting times for Choice



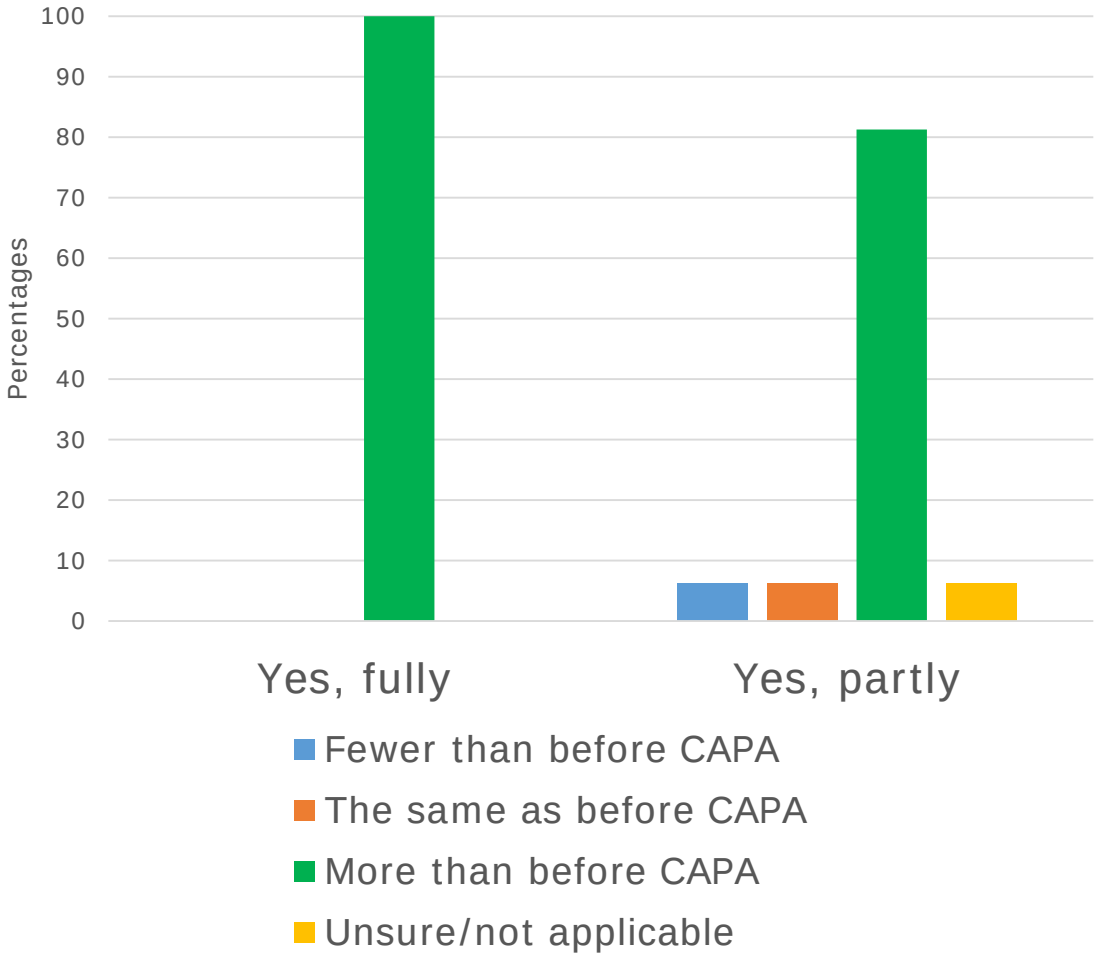
Use of CAPA and current waiting times for Partnership



Use of CAPA and changes in clinical FTEs



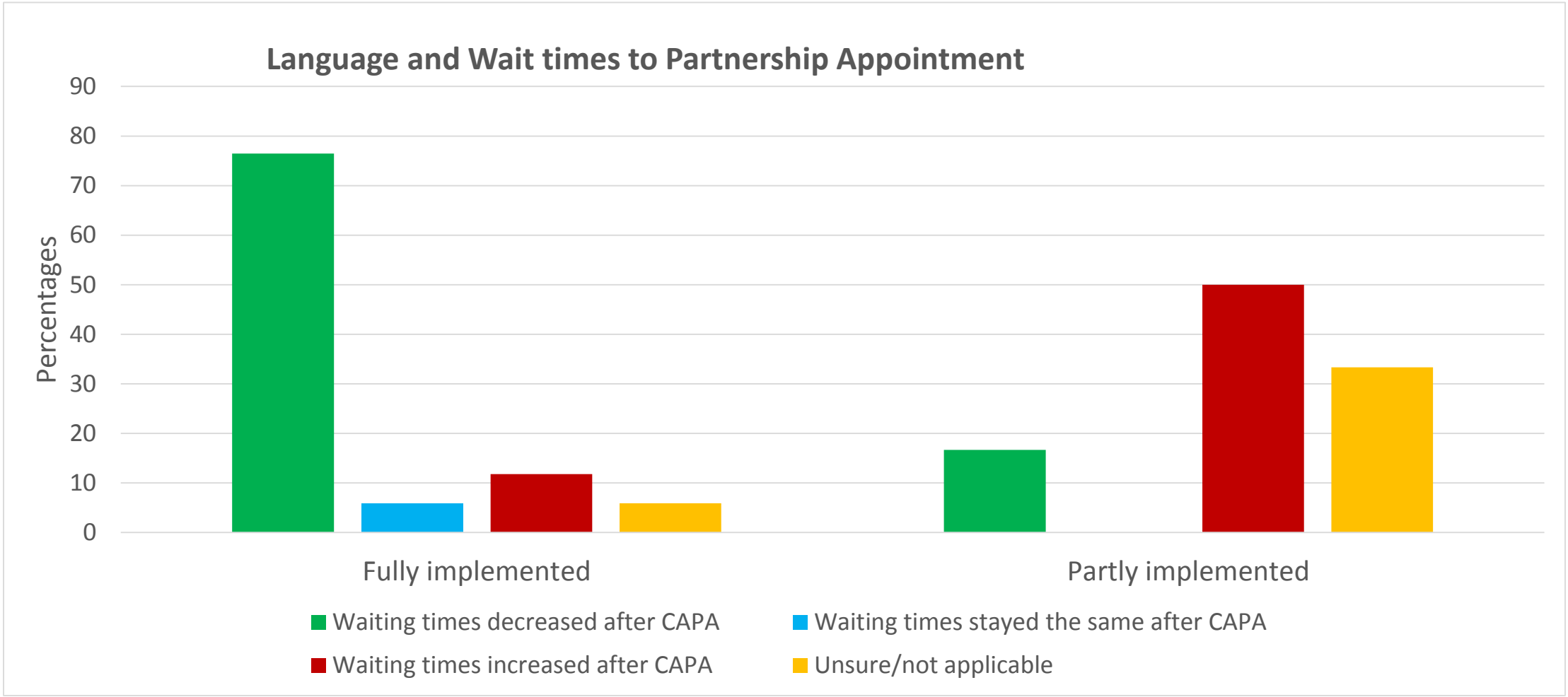
Use of CAPA and changes in number of clients seen



11 CAPA components				
	Fully Implemented	Partly implemented	Not implemented at all	Unsure/not appropriate
Management and leadership	11	9	3	
Language	17	6		
Handle demand	10	9	4	
Choice framework	16	7		
Full booking to partnership	5	8	9	1
Selecting partnership clinician by skill	13	10		
Extended clinical skills in core work	10	13		
Job plans	8	10	4	1
Goal setting and care planning	10	13		
Peer group discussion	5	10	8	
Team away days	8	10	5	

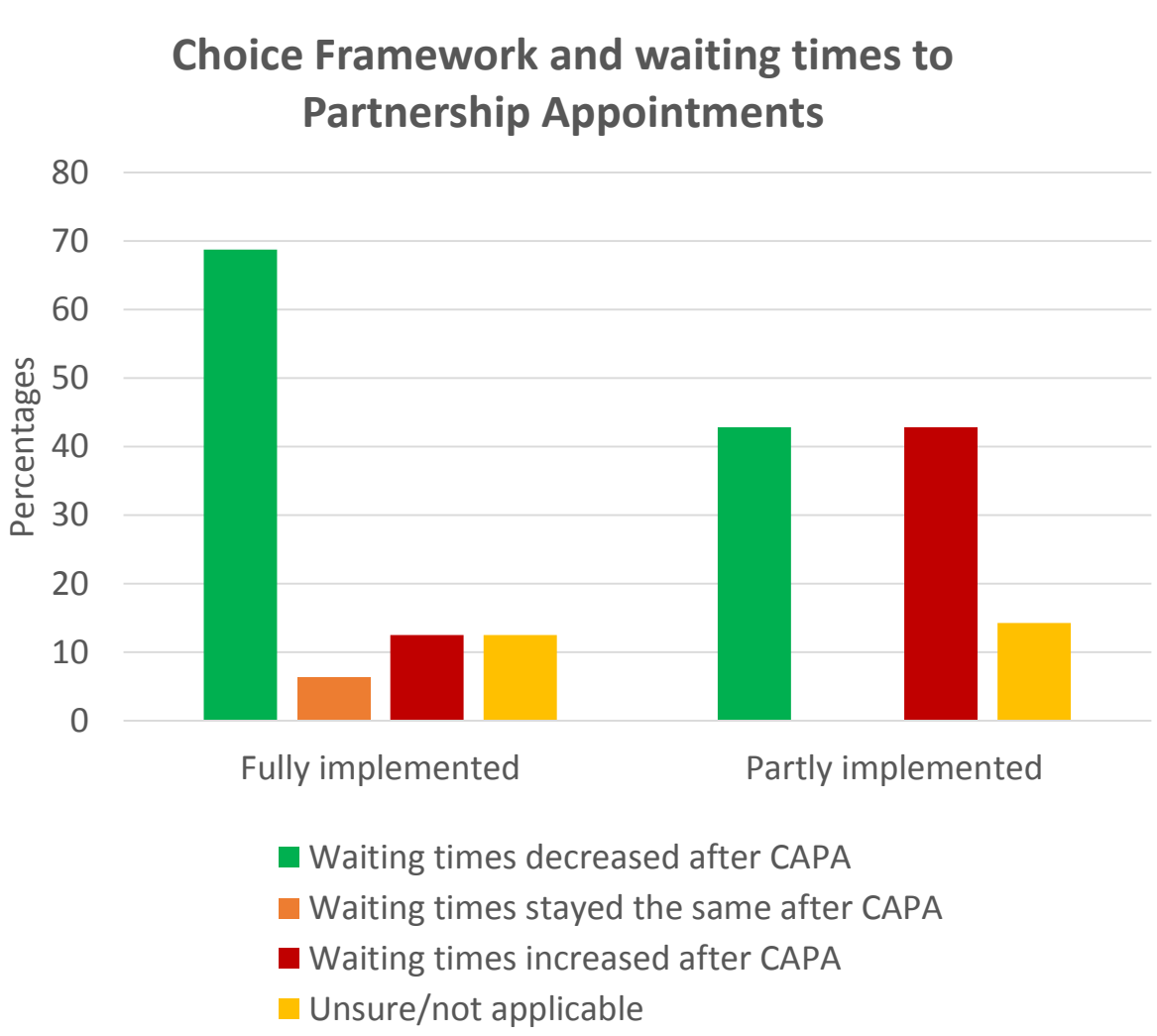
Most implemented

Language

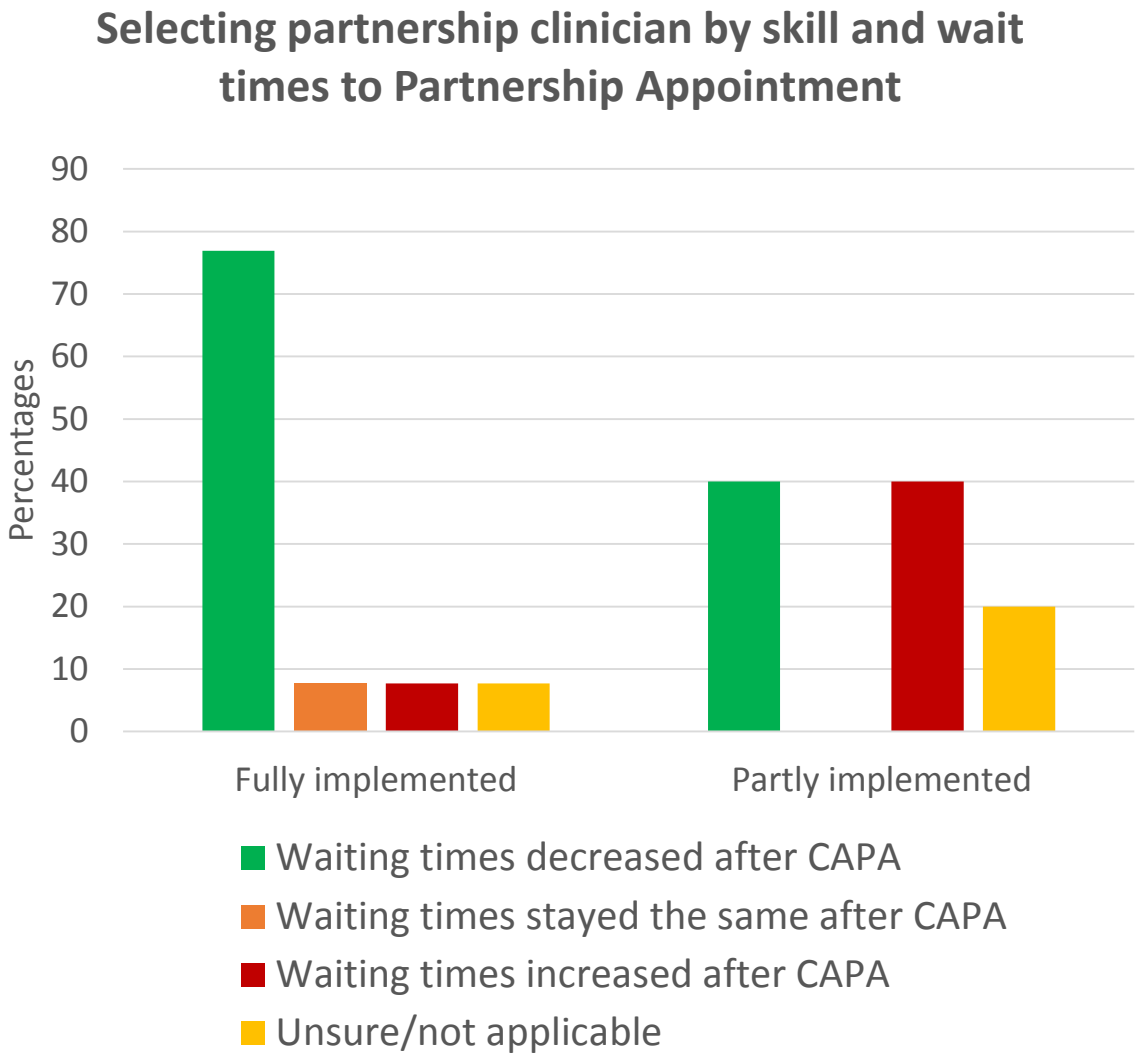


Most implemented

Choice framework

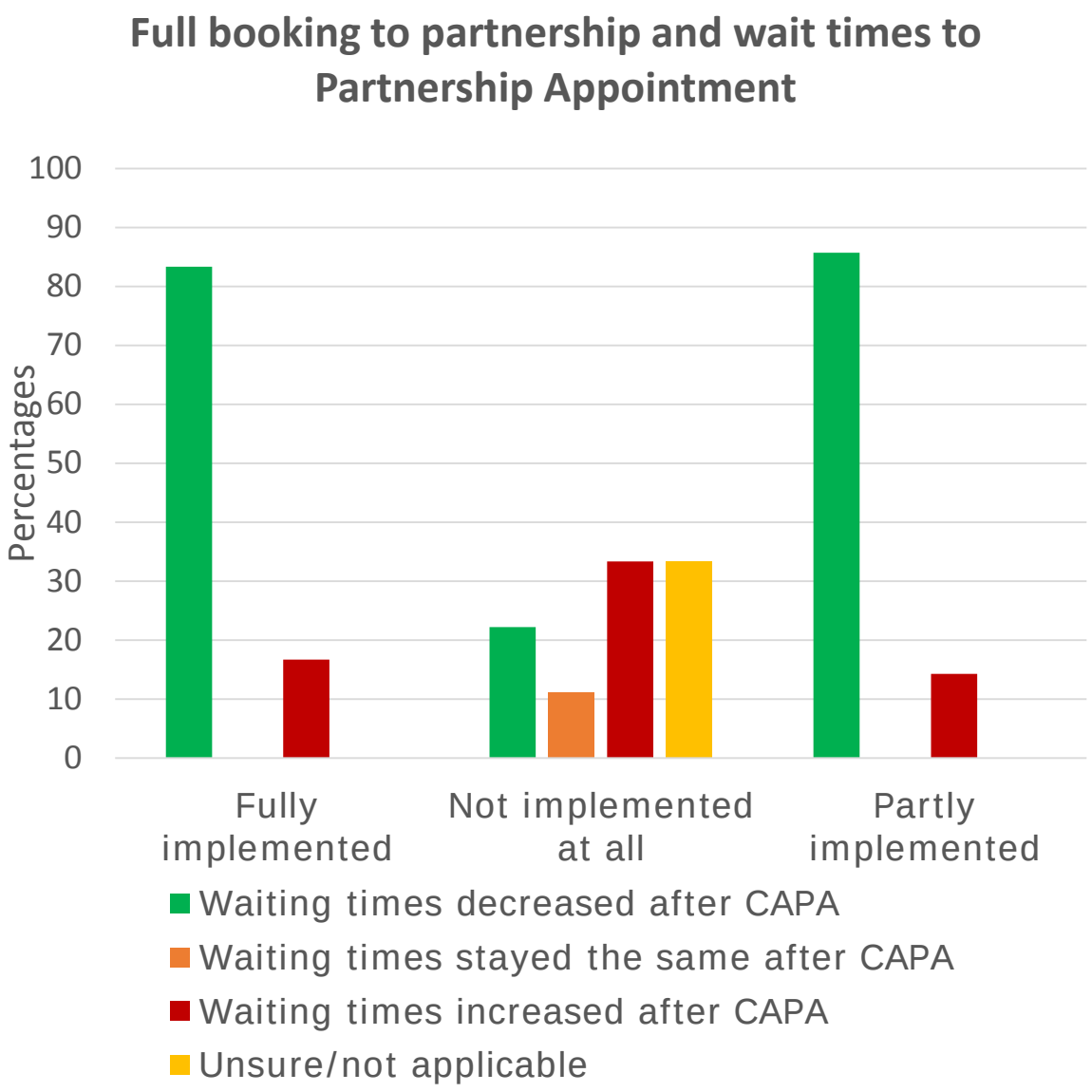


Selecting clinician by skill

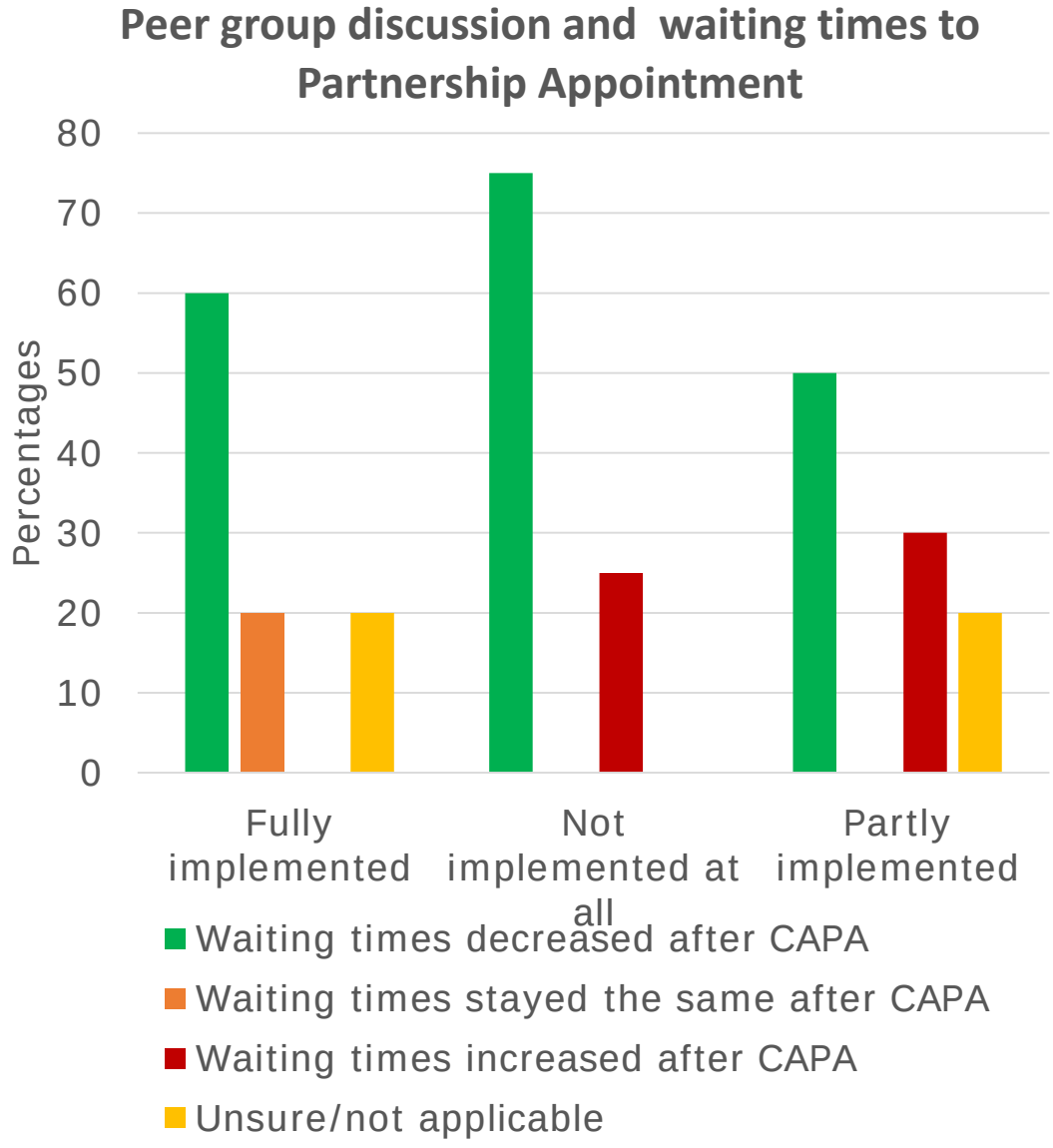


Least implemented

Full booking to partnership

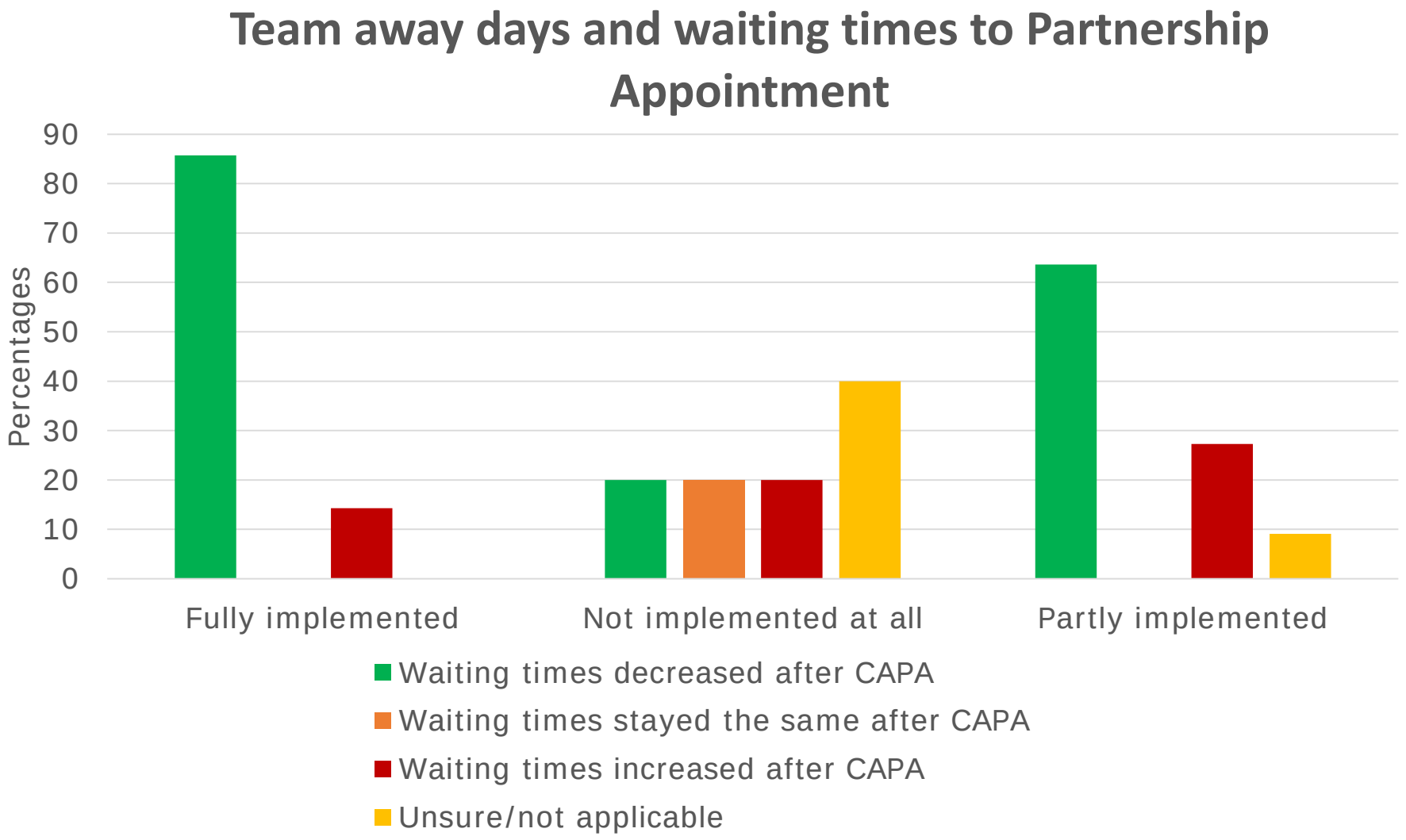


Peer group discussion



Least implemented

Team away days



Choice and Partnership Approach Interviews

- Semi-structured Questionnaire
- Interviews recorded and transcribed
- Themes identified

“It’s a little bit like a spider web, isn’t it?”

Interviewee 9

CAPA has benefits, challenges and limitations

Benefits

- **Decreased wait times**

"I think that by far the biggest benefit is around the speed with which they are seen in the first place."
Interviewee 5

- **Understanding demand and capacity**

"...(staff) understood the importance of not moving the problem, the challenge, to another part of the system. So they would spend time… they would talk about it. They would say "look if we are going to start to get out of kilter in our conversion rate into partnership, then we're to push out, aren't we, because we wouldn't have the partnership appointments available in the diary?" and so on..."
Interviewee 6

CAPA has benefits, challenges and limitations

Benefits

Openness, Transparency and Trust

"So we did a lot of talking … around what was people's own skill sets and that within the team and what they were passionate about in their work. So the team had the opportunity to explore each other, to know each other in that way."

Interviewee 4

- **People across services willing to share resources**
- **Made obvious where there was a lack of skill set**

CAPA Components & 7 Helpful Habits

CHOICE appointment

Benefits of CHOICE

Consistency, identifies appropriate clients, collaborative approach

*"The choice appointment **offers all consumers a similar approach with good follow up** either with us or moving to an NGO/PHO. I think it's a much nicer way for people to enter the service, **or have a thorough one off appointment with useful info/skills to take away** with them."*

Interviewee 1

*"I think we have some concerns about the way we do choice but I think the result is reasonably good particularly around the proportion of choice that go on to partnership, **we seem to be doing a good job of redirecting referrals elsewhere at choice and selecting the ones that really do need intervention from a CAMHS**."*

Interviewee 3

CHOICE appointment

Challenges of CHOICE

Deciding who should do CHOICE

"I guess one of the things that we did do, that I don't know if I necessarily agree with, is that all clinicians do CHOICE appointments. And I think that might be an issue, as well in terms of not only accepting everything that comes through the door but also Booking to Partnership because they can't make the decisions themselves. Some of them are fairly junior clinicians"

Interviewee 8

"What I'd like is fewer people doing Choice appointments but those that do, do more of them, with the others picking up the partnerships."

Interviewee 7

CHOICE appointment

Challenges of CHOICE

Getting CHOICE right

*"**we've struggled to… a little bit to keep choice as a choice rather than doing a full assessment** [..] I don't think we are doing a full assessment but we're kind of doing a bit more than what Steve and Ann might have thought of as a choice, so I think we kind of do something in between."*

Interviewee 3

*"… as far as I read the model we're actually not doing things quite correctly… **my concern is that, for us, the CHOICE appointment is primarily a screening and light assessment… We don't use the language of CHOICE Plus, but maybe we should…but we then go onto a first Partnership appointment. And the first partnership appointment is not a commitment yet that they are going to come into the service, but in all likelihood they are, but we still leave it open. But that is to complete a comprehensive psychiatric assessment**. We call that a first partnership appointment. But in actual fact…you could say… well it is in partnership that they have chosen to come to that next level of engagement but we are still not at that point of saying "you are in our service and we are going to treat you".*

Interviewee 5

Full Booking to Partnership

"we don't work to full booking into partnership. The choice clinician goes away, does the letter and processes who should do the partnership and maybe if unsure takes it to MDT."

Interviewee 1

"In the infant and child team the choice clinician selects the partnership clinician out of the partnership diary based on the match between clinician and client. In the youth team because we just don't have enough partnership appointments to meet the referral numbers, ye know the accepted choice to partnership clients…there is a discussion in MDT"

Interviewee 6

Letting Go

"I think we still struggle with letting go a little bit. I think we struggle, …. I think, sticking to the agreed goals and really focussing on those initial treatment goals, I really wonder about that a little bit." **Interviewee 3**

"…Because they always want to do more, understandably so" **Interviewee 6**

"The other thing, probably the seven helpful habits. I keep trying to bring the staff back to them; particularly the "letting go of". You know, "why are we still here and what are we doing?" **Interviewee 9**

Job Plans

Gave structure and transparency re caseloads

"But also, what worked well for clinicians was the Job Planning being very, very clear, they knew what they were facing into. Instead of thinking oh gosh we are heading into our busiest time of year and … they already knew they knew what was going to come their way. Certainly until the last couple of years the team plan has always been in balance in terms of the anticipated demand. So, they had a long time of really having the enjoyment of saying, "okay. So, this is what we know we've got to attend to. What else do we want to do in the upcoming quarter? what groups do we want to run?" and they knew that they would be able to do it. So, that worked very well."

Interviewee 6

Job Plans

Gave structure and transparency re caseloads

*"I found the job planning really helpful because it **suddenly gave you some structure to your caseload** …When you actually broke down what, you know, all those meetings, other responsibilities, supervision, CHOICE appointments. And, **I like the transparency of it**"*

Interviewee 9

*"I think we do job planning really well. Team leaders meet with each clinician on a six weekly basis. **So every clinician sits down with their team leader every 6 weeks for administration supervision. Part of that admin supervision is about looking at the job plan and letting go of clients, creating space for appointments** - that is working really well"*

Interviewee 7

Team Away Days

Team Away days helped people understand CAPA

*"**The things that worked really well were the planning days and spending… you know paying attention to kind of ensuring that everyone understood the model** to a greater or lesser degree and the philosophy behind it."* **Interviewee 6**

Achieved/ helped with buy in

***"we've been really strong in working alongside management to have our CAPA days. We've found them incredibly important**, in the sense it gives it, **it keeps ownership with CAPA**… The staff really enjoy it, because, not only is it education, but there's a bit of fun involved."* **Interviewee 4**

Team Away Days

Provide an opportunity to reflect on/evaluate CAPA and to improve the service

"So we've got a document with everybody's core skills and specific skills. And the other area is ***presentations that 'I really can't work with'. And that gets talked about at each of the CAPA planning days.*** *"Oh, is the document still up to date?", "do people still remember where to reference it?", "Are you using it?", "If not, why not?", "What do we need to do with it?"*

Interviewee 6

*"****So the team away days provide an opportunity for that [training], like what we find is that people will present on a particular area or they might have gone on training and will bring it back to the team and they'll share that****. Recently someone did something on sleep disorders and that was really helpful for the team. One person in the youth team did a presentation on gender identity disorders"*

Interviewee 7

Team Away Days

Team away days require time commitment and support from senior management

"[We were holding Team Away days] only once a year. Or at max twice a year. So, you can lose a lot of momentum in three months let alone six. And you get that slip back to how you were doing things"

Interviewee 9

Factors that support or hinder implementation and maintenance

Three main themes

- Buy-in
- Time
- Choice and Partnership is not an island

Buy-in

Management support and understanding of the model

*"We've been really strong in **working alongside management to have our CAPA days**. … It allows you to do that, to take it to* management and say "we work under this model" and what we need to get their consent to do that." **Interviewee 4**

"It's about having consistent leadership and keeping those basic messages coming" **Interviewee 3**

*"What has been difficult is the lack of clear leadership around it. You know, that hope that somehow we would just run with it and it needs more than that, and it needs, even though I hate the word, **it needs champions and leadership. It can't just be handed to the champion**…"* **Interviewee 9**

*"**Team days are good when we have them, but the process with management change has interfered with that**. I think the inconsistency with management has interfered with the development of CAPA."* **Interviewee 1**

Buy-in

Team Leaders and Champions

"And the champions were people who I knew were quite strong…it's about knowing your team. And, it was about getting them on board to get others on board. Because they are quite influential" **Interviewee 4**

"The bits that worked well were, having the lead clinicians worked very well as a starting point." **Interviewee 6**

Staff

"The things that worked well were that the team kind of…, 98% of the team, I should say, bought into the need to have a new service delivery model " **Interviewee 6**

Factors that strengthen staff buy-in

Staff

- **"Before"**

"While there are detractors of CAPA. ***I think a lot of people appreciate not having that monkey on your back of a huge wait list****." "and I just I see one of our teams… where they've got a real struggle with a wait list. And the burden of that, that the clinicians feel of that is quite overwhelming".*

Interviewee 3

"I think in general, people really… for job satisfaction, ***I think people see where the service has come from to where it is now****."*

Interviewee 4

"Yep. I think so. And people have short memories. ***Pre-CAPA, work was stressful. At least CAPA has provided us some structure and method of containment****.* ***It doesn't mean the works not hard and we don't have too much of it,*** *but at least we have a framework and something we can use to help structure our work to contain it a little bit. Whereas* ***before it was much more reactive and a bit more stressful****…" "And there were still waitlists but in different places. So prior to CAPA the waitlist was outside the service and people could wait 8 months to be seen but now we see the clients more quickly but the wait sits in the service. Which would also be more stressful for clinicians."*

Interviewee 7

Factors that Strengthen Staff Buy-in

Staff

- **CAPA provides stability and predictability**

"At least CAPA has provided us some structure and method of containment. It doesn't mean the works not hard and we don't have too much of it, but at least we have a framework and something we can use to help structure our work to contain it a little bit. " **Interviewee 7**

- **Team Away Days**
  - Opportunities to talk about and understand Choice and Partnership, evaluate processes and problem solve.

Challenges to Staff Buy-in

Sceptics

- **There are always sceptics**

"as soon as you have a named system it becomes the scapegoat for everything" **Interviewee 3**

"It was difficult convincing people that the maths would work. Or,… and they were very suspicious of and remained quite suspicious, to be fair, of the evidence around the average number of contacts." **Interviewee 6**

"Yeah, sometimes and I guess there are a few ... ah, more mature people or more mature staff members who will remain sceptical I guess." **Interviewee 3**

- **Professionals as sceptics**

"one thing that maybe would have been useful for us to do would have been to do, engage professional leads more in the process that would have been a helpful thing." **Interviewee 3**

And yet…

- **The value of sceptics…**

Pre conceived ideas

"I think the main thing was around people's preconceived ideas, particularly around not being in charge of their diaries any more. That was a really main thing for people. They felt they were losing their autonomy to practice as, you know, as autonomous clinicians really." **Interviewee 8**

"I think the most difficult thing is the mind-set change for clinicians, moving from thinking about or approaching their work with clients as being, the "whole bedroom suite", to just doing more problems that the family identify… rather than fixing everything at once." **Interviewee 3**

Time

- For understanding
- For implementation
- For maintenance

Time

To understand

"..having dedicated time to do it. Like, I'm going back now and rereading some of the parts of the blue CAPA book and finding out things that I probably should have known." **Interviewee 8**

to talk to others (e.g. Steve and Ann, Werry Centre, Other CAPA people within service), to read, to process

" the project person we had with us a year after we implemented so they were involved in the away days as well, having someone who had a very strong understanding of CAPA and what it was about in the process was very useful" **Interviewee 3**

Time

To implement

"I think that some of the issue would've been time factors as well. … Not having dedicated time to do the implementation on top of everything else … happening at the time" **Interviewee 8**

- **Systems and procedures**

*"**at the start we didn't have the systems in place and pathways in place to respond to those situations that we have today**. Well I guess we have them now because of those experiences…This is an interesting one for me because, it was difficult convincing people that this really was a tried and tested model."*
Interviewee 6

To maintain

- **Systems and procedures**

*"the way that we collect data really doesn't support CAPA-metrics, so **we've had to set up, processes, separate processes within a separate practice to have some of the CAPA-metrics we need and we're still missing CAPA metrics really….just to have some really basic metrics, it's been really important to have some enthusiastic admin support**. So just being able to track the number of Choice appointments offered and taken, the partnership offered and taken, to support job planning that kind of thing."* **Interviewee 3**

- **Pay attention to drift**
- **Review and correct**

Other Factors - CAPA is not an Island

CAPA is not independent from other factors within the system

- Ministry priorities e.g. KPIs
- DHB priorities and funding
- Changes in the community
  - Increasing referrals
  - Community awareness of mental health, expectations of services and beliefs/preferences
- Translation to the NZ environment (NGO / DHB relationships)
- Other systems that support e.g. Marama Real-time, Miller Outcome Scales, Canterbury Pathways

Other Factors - CAPA is not an Island

Changes in the public / community

- **Increasing referrals**

"The challenge for us, and I think, and obviously, I can only talk in relation to my own service, who are on their knees in terms of ***demand, which is far outweighing capacity at the moment****."* **Interviewee 6**

"Because ***our referral rate is increasing. And that is evidenced through, when I compare this year's data with last year's data…and the year before****."* **Interviewee 9**

- **Understanding of mental health and expectations of services**

"Generally we are ***finding a huge increase in expectations from the public*** *about what they are entitled to in services. ….the afternoon it was still not good enough. It needed to be in the morning. There does seem to be a ridiculous expectation by the public about what they are reasonably entitled to.* ***Travelling to clients uses a huge amount of resource – rural services uses 1.2 clinical FTE in travel time*** *to make our service more accessible to clients"* **Interviewee 5**

"Also I think ***there is more openness in the community about talking about mental health****"* **Interviewee 6**

Other Factors - CAPA is not an Island

NGO /DHB relationships

*"and I guess you talked about **building those relationships with the NGOs and we've done some job planning to help clinicians out, and also scheduling in their community partnership appointments for making sure that clinicians have that actually scheduled in their time**, but when the chips are down and there are 90 referrals in one month, ah, that goes out the window"* ***Interviewee 8***

*"we've done a number of things over the years, **like visiting and bringing them in**, but what we've have done is just some **community forum days**, looking to see what they would like and we've provided that, and, just recently **we've opened up some of our trainings"*** ***Interviewee 4***

Other Factors - CAPA is not an Island

Translation to the NZ context

▶ Cons - Not a tiered system

*"**in the UK you can't get to a CAMHS service without seeing a health professional first in the primary sector**. But, of course, they can do that because GP appointments are free. But you can't put those kind of sanctions in NZ because disadvantaged families don't have the money." … Now, **what that means is more and more time is being spent attending to a population group we're not actually contracted to deliver a service to** and while it's great and it's correct and it's appropriate that we do that because of the NZ context, it's not how CAPA was designed in terms of access to CAMHs."* **Interviewee 6**

▶ Cons – Is it culturally relevant?

*"for some of our Maori and Pacific families, I just wonder how they experience things. **We've, a lot of the time, made a choice not to refer them on to a different clinician because our Maori and Pacific families have said they don't like doing that**."* **Interviewee 8**

Other Factors - CAPA is not an Island

Translation to the NZ context

▶ Pros

*"**There are also parts that actually very much go in our favour. Certainly the maths, in the UK they do 37.5 hour week, not a 40 hour week and the number crunching is based on the 37.5 hours, so by definition we get 2.5 extra, in theory about job planning**. It doesn't feel like that for clinicians but those are the hidden bits of information that are valuable for containing people. **Also in the UK you then get 6 weeks annual leave**, so again so depending on whether you…, so two weeks or one week better off in terms of the maths that you gain for job planning. And so it goes on."*

Interviewee 6

Other Factors - CAPA is not an island

Other systems that support Choice and Partnership

Marama Real-Time Client Feedback

"not just CAPA, ***feedback informed treatment and outcomes, they just all sort of fit well together,*** *and I'm wondering, you know, like* ***is that feedback informed treatment the glue that we needed to actually bring CAPA in? Because it's changed the way we work with people again"* **Interviewee 9**

*"**Millers Outcome Ratings scales** **as a way of helping us to understand when we are on target and when we are off target**. Both in terms of the families treatment goals but also in terms of our, how effective our engagement is with the family. But that's happening in one of our teams, but in another of our teams, although it is getting a lot better, they've really struggled with the whole clinical review process or treatment review process where it's seemed to have been extraordinary difficult for clinicians to accept a kind of critique of treatment, and sticking to goals and not letting that drift a long way."* **Interviewee 3**

Canterbury Pathways

Supports consistency of practice and standards of approach across services

“We are flat out trying to implement improvements to what we’re doing…The question for the service now is how can we use CAPA to make even better processes? make better decisions? be leaner and more responsive? get better systems in place?”

Interviewee 5