produced by

hafal

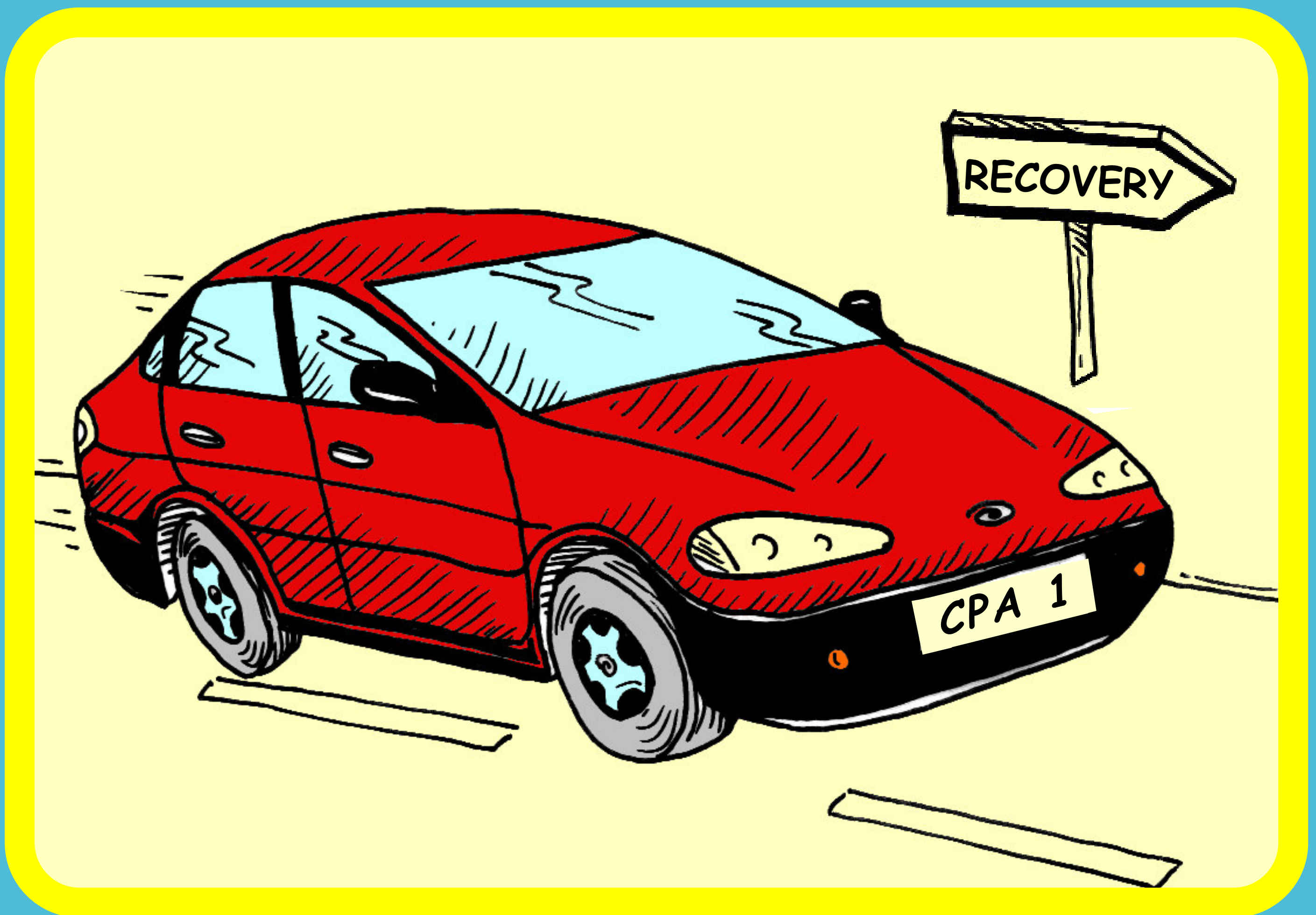
dros adferiad o afiechyd meddwl difrifol

for recovery from serious mental illness

CPA

A USER'S GUIDE

What people with a mental illness in Wales need to know about the Care Programme Approach (CPA)



Includes **top tips** on how to get the most out of CPA

Based on Users' Experience

What's CPA?

The Care Programme Approach (CPA) is the vehicle that can help you on the road to recovery.

CPA is a way of identifying important care needs if you have a mental illness. It provides an organised way of:

a) assessing all of your needs, and
b) developing a single Care Plan to meet those needs.

In the process, CPA:

- gives a clear framework so that every aspect of your care is recorded in one place
- gets all the agencies which can help meet your needs involved in a coordinated way
- creates plans for coping with aspects of your care plan should a crisis arise
- recognises the role of carers and the support they need
- identifies needs that are not met so that necessary actions can be planned.

Importantly CPA is also about making the care process better for the user. CPA is intended to:

- give ownership of the care process to you, the service user
- promote fairness and equality, as well as cultural sensitivity.

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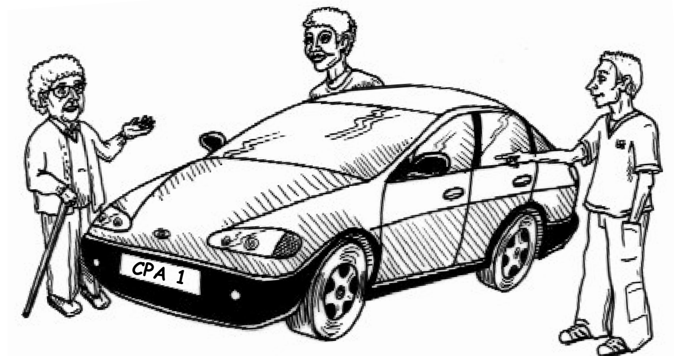
CPA can be a useful tool – the process is designed to get service users fully involved in planning their care, with a voice in the decision-making process.

CPA is also a **right** for service users – professionals cannot choose to provide secondary mental health care outside the CPA process.

Who is CPA for?

CPA is for everyone receiving care from secondary mental health services – for example from a psychiatrist, psychologist, community psychiatric nurse or social worker.

You may also be referred for a CPA assessment by primary health services – usually your GP.



How does CPA start?

Assessment for CPA is requested by your GP (for example) who will forward a **referral form** to the specialist mental health services.

What's in the referral form?

Apart from containing your personal details the form is also likely to include details of:

- your symptoms
- your nearest relative
- your current care coordinator (or 'key worker')
- your carer/s
- your medical history
- risk factors.

The referral is then screened by **specialist mental health services**. They decide if:

a. you might need specialist help for your mental health problem, and therefore need to be assessed **or**

b. you do not need to be assessed and can be referred back to the service which referred you in the first place (such as your GP).

If you are referred back to the person or service that referred you, the referral should include **recommendations about what kind of service you need from them**, and what other sources of help there are for you.

We will look next at what happens if it is decided that you do need to be **assessed**.

Assessment

If it is decided that you might need specialist help for your mental illness you will be assessed.

This assessment is carried out to identify your needs and determine the level of CPA you need (Standard CPA or Enhanced CPA).

Standard CPA is for people more able to self-manage their mental health, or who – even though they need specialist support – do not have as many care needs.

Enhanced CPA is for those people who have multiple care needs, have more problems, or who may be a risk to themselves, for example. Basically it is for those with greater need of support. It means that you will have a more detailed Care Plan which covers many different areas of your life.

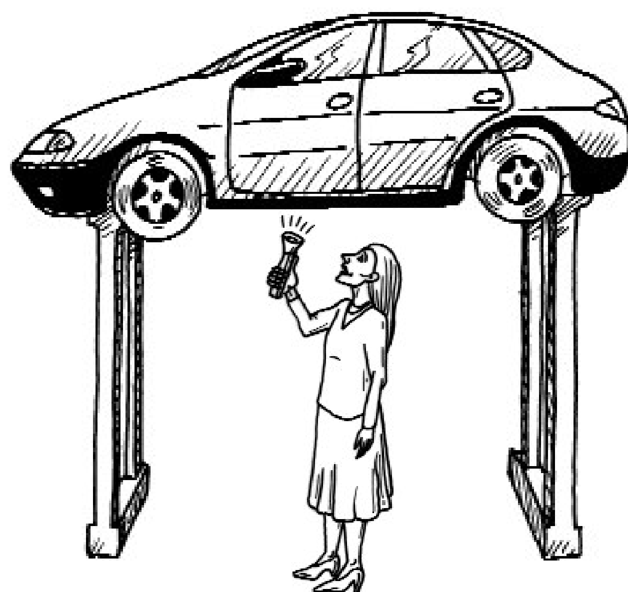
To decide on whether you need CPA, and on the level of CPA you need, the assessment should take into account:

- your presenting problems
- your symptoms
- your psychiatric history
- your current medication (if any)
- your health history
- your forensic history (whether you have a criminal record, etc.).

You may also be asked about things such as substance use (whether you consume alcohol or drugs).

You will have opportunity to write your comments on the assessment form. Once you have signed it, a copy of the **summary** will be given to you and a copy will go to your GP.

Note: if it is decided following the assessment that you need Enhanced CPA you may well have further assessments that are more in-depth.



What happens when CPA **begins**?

Once it is decided that you can take part in CPA and whether you need Standard or Enhanced CPA, you will be allocated a **Care Coordinator**. This is a health or social care professional who the assessors think would be the best person to oversee your care. For example, it could be a social worker or community nurse; often (but not always) it is the person you have had the most contact with.

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Make sure you are comfortable with your Care Coordinator as you will work closely with this person on your Care Plan. For instance, you might prefer someone who can respond to your specific cultural or gender needs. You can ask for a change of Care Coordinator if they do not meet your needs.

What will your Care Coordinator do?

The Care Coordinator will be the point of contact for you, your carer/s and all professionals involved in the delivery of your Care Plan.

The Care Coordinator will complete the Care Plan with you *and* review it with you, and will oversee the care process and the assessment of your needs. If you go into hospital, the Care Coordinator will remain in regular contact.

The Care Coordinator will also:

- make sure the appropriate people, such as health professionals working with you on the Care Plan, get a copy of the Plan
- be involved in the admission and discharge process if you go into hospital
- complete a risk assessment
- organise the assessment of carers' needs if this is required
- call meetings to review the care you are getting.

What's in my Care Plan?

When you have been allocated a Care Coordinator your **Care Plan** will be written. A Care Plan is usually a couple of pages long with a variety of boxes or sections to be filled in. The Plan will usually have space to include:

- a list of your care needs – including housing, employment, training, benefits, etc.
- a list of goals and objectives matching the needs that have been identified
- plans for which services will help you with these goals
- plans for what actions are to be taken and by whom
- a space to list strengths, i.e., things you *don't* need help with or that you can build on
- a timetable for meeting the goals and objectives.

There should also be:

- space for you and others to make comments – make the most of this and get your opinions or aims written down, including any objections you may have to your Care Plan
- a contingency or crisis plan including lists of contacts and points of action to be taken if a crisis arises

- a date for the next review that everyone agrees to
- a place for signatures so that you and your Care Coordinator can sign when you have agreed your Care Plan.

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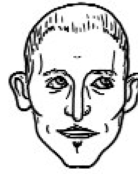
You should be involved in writing and agreeing the Care Plan as much as possible. **Insist on this.**

If you have poor literacy skills, or if your first language is not English, make sure the Care Plan is provided to you in a way that you can understand fully.

How to make your Care Plan work



CPA is designed to meet a wide range of needs. Before you come to fill in the Care Plan look at the key areas of your life listed below and think about what you want to achieve (we give some examples). Ensure that all of these areas (and anything else that matters to you) are covered in the Care Plan. Make a note of what you want to achieve before you go into a meeting, or simply underline any of the statements on this page that are relevant and take this guide with you.

Physical Health

You may choose to:

- Make sure you are registered with a local GP
- Take care of your health – paying attention to your diet, smoking, exercise and drinking
- Avoid taking illegal or street drugs
- Go to the dentist for regular check-ups
- Go to the optician
- Attend well man or well woman clinics

Medication for Mental Illness

(You should always consult your doctor before changing your medication regime)

You may choose to:

- Find out about the latest medical treatments for severe mental illness
- Ask your doctor to prescribe the most appropriate medication for you as an individual
- Find out about side effects and management requirements of your medication and talk to your doctor or nurse about them
- Take the right amount of medication which has the most benefit for you with your doctor's advice

Employment

You may choose to:

- Work full or part-time in general employment
- Get specialist support to sustain you in general employment
- Use a specialist supported employment service
- Use occupational therapy services
- Be a volunteer

Other Treatment and Therapy for Mental Illness

You may choose to:

- Find out about the range of non-medical therapies and treatments for severe mental illness
- Ask your doctor about Cognitive Behavioural Therapy – CBT
- Ask your doctor about other psychotherapy/talking therapies
- Find out about other therapies, e.g. art therapy
- Explore alternative therapies

Training & Education

You may choose to:

- Study in full or part-time education
- Get special support to sustain you in training or education
- Use distance learning packages, e.g. Open University
- Follow work-related or interest-related adult education courses
- Take up self-study through reading, internet, etc.

Money

You may choose to:

- Earn a salary or wage
- Apply for a student grant or loan
- Maximise your social security, disability or other benefits
- Enhance your budgeting skills
- Get information about debt or savings management

Accommodation

You may choose to:

- Manage your own accommodation
- Share your home with family or friends
- Live in your own home with support
- Live in shared accommodation with support
- Stay in specialist 24-hour supported accommodation
- Stay in hospital when you are seriously ill

Social Life

You may choose to:

- Maintain relationships with your family
- Maintain relationships with your friends
- Live in a personal relationship with a partner
- Engage with a religion of your choice or tradition
- Be supported while using general leisure facilities
- Use specialist supported leisure facilities
- Follow your hobbies or interests individually/in a group

What else do I need to know?

• Contingency and Crisis Planning

There should be a section in your Care Plan for "Contingency/Crisis Planning". It is a space where information can be recorded which will be useful should a crisis arise.

Contingency planning is planning ahead for certain situations, for example when your Care Coordinator is not available. This plan would include a record of useful numbers of service providers who can support you during this time.

Crisis planning is planning ahead in case a crisis takes place – times when you might be very ill. Crisis plans should set out the actions to be taken if your mental health deteriorates rapidly; these plans should be agreed with you.

What's in a crisis plan?

A crisis plan should include:

- A list of early warning signs
- A key contact person, with contact details
- Any other helpful information that will ensure you get the appropriate support.

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Crisis planning is useful as it means that all involved can agree beforehand on what happens when a crisis arises. We advise that an advance agreement is drawn up between you and your Carer Coordinator and others involved so that if a crisis arises, it is dealt with properly and in the way that you want.

• Risk Assessment

You will have a risk assessment form completed when you take part in CPA. This will contain an assessment of what risk you might pose to yourself or others: for example, through self-harm, suicide, violence, self-neglect, exploitation or criminal activity.

The risk assessment form should record any degree of risk indicated:

- by you
- by your recent behaviour
- by your current mental health
- by your current circumstances.

It will also record your history and any other relevant information, plus details of warning signs and an action plan to deal with a crisis.

• Unified Assessment

Unified Assessment is an assessment of care needs for people receiving care for physical or mental illness. It is similar to CPA in that it looks at a number of different needs. The aim is to ensure that the different agencies providing services to someone work together.

How do Unified Assessment and CPA work together? Unified Assessment specifies 'mental health' as an area of specialist assessment. If it is decided that a person does not need to take part in CPA, maybe because their symptoms are not severe, they will have their mental health needs assessed within Unified Assessment. However, those

who do meet the criteria for secondary mental health services will move on to the CPA process and get the specialist assessment and care that it entails.

Reviewing Your Progress

Once your care needs have been agreed on your Care Plan, you Care Coordinator will oversee the care process. All the relevant agencies will now need to deliver the services that meet your needs.

You will have a Care Plan review at least every twelve months but (if you need to) you can have reviews more frequently.

Note: Some Mental Health Providers within Wales have stipulated that Service Users on ***Enhanced CPA*** *will receive a review of their care every* ***6 months****. However, this is not the case in every area, as it is not a requirement in Assembly Government policy.*

The Care Coordinator should also review and evaluate the Care Plan **continuously** through their contact with you. But the formal review is an opportunity for both you and your care providers to have a say.

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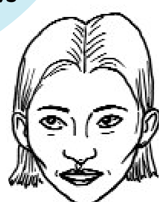
Ask for regular reviews. Reviews are essential: for one thing they provide an opportunity for you to set **short steps** towards long term goals and monitor them regularly.

It is important that these short steps are timetabled and that you have regular reviews to assess your progress towards them, or even to modify them.



At a formal review, a **CPA review form** must be filled in.

In the review form you should have the opportunity to put down your view about your needs and how services are meeting them, as will your service providers. Your carers may also have space to do this.

The form will describe any changes in your circumstances since the last review, and assess whether the Care Plan is working. It will also record **unmet needs** along with the actions that need to be taken to meet them.

At the end the Care Coordinator will make a recommendation: to continue with the Care Plan as it is or to amend it. If you agree with this you may also sign the form. There may be parts of the form that you disagree with and your Care Coordinator should note these disagreements on the form.

Note: Emergency CPA reviews may sometimes be required, for instance if a crisis arises. You can initiate this, as can your carer, or anyone in your care team. You need to contact your Care Coordinator to do this.

Questions asked by hafal clients

• Can I choose to take part in CPA?

CPA is an automatic process if you require specialist help for your mental health problems. However, if you are receiving services from mental health services and are unsure as to whether you are receiving care under CPA then you should ask your nominated contact/Care Coordinator for advice and further information.

• Can I refuse CPA?

The Welsh Assembly Government has told mental health services that they **must** use CPA, therefore you cannot refuse CPA as such. However, you can refuse to sign your Care Plan, or attend care reviews, for example, if you wish – though this means that you are not as involved as you could be in your care.

• Will I have to pay for it?

CPA refers to the way that services are organised and provided to you, rather than a service itself. Therefore, you do not have to pay for CPA. You could, however, be asked to pay for certain services that are discussed as part of your Care Plan. But of course, that should be made clear before you agree to those services.

• Will it affect my benefits?

No, CPA will not **in itself** affect benefits, but of course actions specified in your Care Plan – like taking up work – could affect benefits. If you wish, you could send your Care Plan to the Benefits Agency as part of an application in order to detail your needs and the services you are receiving.

• Who makes sure that the CPA process works?

There is an **annual audit** to check that the CPA process is working and **CPA monitoring and evaluation** which is a process by which mental health professionals are reminded when reviews are due or if they are overdue. This ensures that service users are getting the maximum benefits from the CPA process.

• Why is everything to do with my care recorded?

It's useful to have all the relevant information stored in one place. For instance, your CPA records ensure that information essential to provide care during a crisis is available to care providers.

• What happens if I go into hospital?

If you go into hospital you will continue to receive CPA in the in-patient setting and your care will be reviewed during you stay. Your Care Coordinator will remain involved and support you while you are an in-patient.

You will still have reviews while in hospital, and still be involved in these reviews. After discharge the Care Plan may be changed depending on your needs at that time.

• Who will provide support as part of CPA?

Those identified as directly involved in the care-giving on the agreed Care Plan will provide support.

This could be a range of people or just one or two. Examples are mental health specialists such as nurses, occupational therapists, psychiatrists, psychologists, social workers, support workers and day centre staff.

Others might include housing associations, housing support workers, meals on wheels and supported living workers. Voluntary organisations might also provide services via support workers, drop in centres, and other services.

The Assessment

• Who will be at the assessment?

One or two health or social care professionals will carry out the assessment. You will need to be present, and anyone else you choose – for example a carer, advocate or friend. There may be questions you don't want to answer in front of other people, so you may want to have someone else present for just a part of the assessment.

• Where will it take place?

The assessment will usually take place either at a mental health service base or in your own home. This will be arranged to be mutually convenient and will reflect any other needs you may have, e.g. mobility.

• How long will it take?

Usually about an hour, although this varies. It may be that you need one or two sessions to discuss your problems – especially if some things are very difficult to talk about.

The Care Coordinator

• How is the Care Coordinator chosen?

After assessment, discussion will take place with you about what type of professional will be best placed to help you with your needs, e.g., a nurse, social worker or occupational therapist. This role is usually taken by a member of the mental health team, who is well placed to coordinate your care.

• Can I ask for someone I know?

Yes, if a member of the team has previously seen you, often it is best to be seen by them again. However, sometimes this may not be possible. If you know a member of the team socially, it is usually best if they are not your Care Coordinator.

• Who do I tell if I am not comfortable with my Care Coordinator?

Your Care Coordinator will be part of a managed team and the Team Manager can be approached to address this issue.

The Care Plan

• Who's involved in writing the Plan?

Everyone involved in your care should be involved in writing the Care Plan. This includes you and your carer and/or advocate if you wish.

• Who actually writes it?

This varies. Usually, the Care Coordinator will write it. However there is no reason why you can't write the plan yourself. It is important, however, that everyone's involvement and opinions are reflected.

• How long will it take to fill in?

It really depends on a few things, for example, how complex your needs are, how many people are involved, and whether there is an existing care plan.

• What will I get in the end?

- A plan of care that will help you to meet the needs identified in the assessment
- A copy of your Care Plan
- Information about CPA.

• Do I have to do what's written in the Plan?

Your Care Plan will be written with you. Care Plans can only be successful if the targets they set out are agreed. If you disagree with the Plan at any time you can discuss this with your Care Coordinator so that your plan can be reviewed.

• How can I make changes to the Plan?

Major changes can be made at planned reviews but changes can also be made to the Care Plan in response to needs and risks at any time, and reviews can be brought forward if necessary.

Reviews

• Who will be at the review?

The review might involve all care providers, including your GP, as well as your Care Coordinator.

Your Care Coordinator will discuss with you who will attend prior to the meeting. It can feel intimidating when everyone involved in your care is in the same room. If you would rather meet with just one or two people, tell your Care Coordinator.

On occasions it may be decided that the review will be undertaken with only yourself and the Care Coordinator. On these occasions the Care Coordinator will ensure that all care providers have been able to provide a report or an update prior to the appointment and that any changes to the Care Plan are communicated and agreed with everyone involved at the earliest opportunity.

• Can I leave the CPA process if my health improves?

Yes. The Care Coordinator can recommend that service provision is ended if it is decided that you no longer require it. You can also move from Enhanced CPA to Standard CPA, and vice versa, depending on your progress.

Getting more information

Every county in Wales has a designated CPA Team. For more information you can ask your GP at the surgery, or – if you are already receiving professional help – your Care Coordinator, social worker, nurse or any other professional who is supporting you.

About Us

Hafal is a charity that works for – and is run by – people with a severe mental illness and their families.

Hafal (meaning 'equal') is committed to empowering people with a severe mental illness to:

- achieve a better quality of life
- fulfil their ambitions for recovery
- fight discrimination
- enjoy equal access to health and social care, housing, income, education, and employment.

For more information on Hafal, and for local contacts in your area, get in touch with us at:

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The ABPI Cymru Wales Industry Group is a coalition of ABPI member companies with a strong interest and involvement in Wales. Its role is to engender a greater understanding of the pharmaceutical industry in Wales – to engage in dialogue with decision makers, policy formers and healthcare providers. The Mental Health Sub-Group was established to provide a link between interested pharmaceutical companies and the implementers of the mental health priorities within Wales including government, clinicians, pharmacists, NHS management and patient organisations with the principal aim of working in partnership to improve the health and well-being of people with a mental illness in Wales.