

Therapeutic Case Management
within the CAPA Model
in a child mental health team

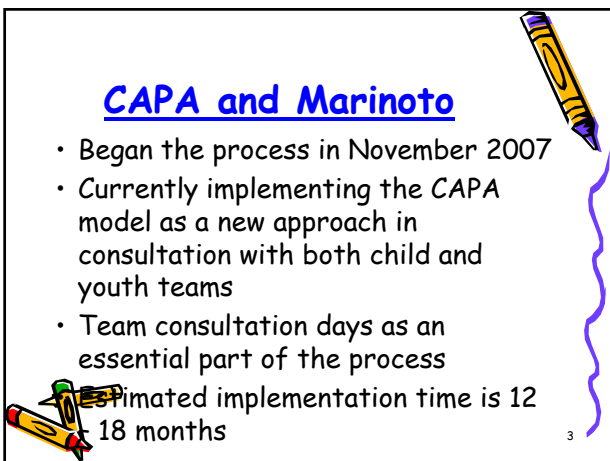
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CAPA
Choice and Partnership
Appointments

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CAPA and Marinoto

- Began the process in November 2007
- Currently implementing the CAPA model as a new approach in consultation with both child and youth teams
- Team consultation days as an essential part of the process
- Estimated implementation time is 12 - 18 months

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CAPA refresher- what it means for our service

- Capa is about working smarter not harder, streamlining and tailoring our work to your interests.

- CAPA is a guideline for clinicians NOT a directive
 - There are three core elements -
Choice
Partnership
Specialist
 - CAPA is not time limited
 - CAPA is not just a triage system

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7 HELPFUL HABITS

- H handle demand
- E extend our capacity, streamline meetings
- L letting go, clinicians struggle with this
- P process and redesign
- F flow management - dedicated admin time
- U use care bundles, design clear pathways,
- L looking after staff, CAPA will work if staff are supported and valued

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WHY CAPA for our service ?

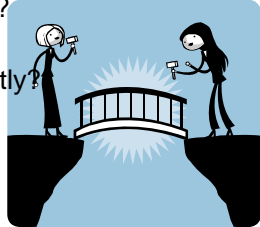
- To increase access to our service
- Raise community awareness
- Provide a consumer focused service
- Transparency amongst clinicians
- Better use of specialist skills
- Competency based interventions
- Clearer identification of team and individual clinician training needs



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The Bridge to CAPA

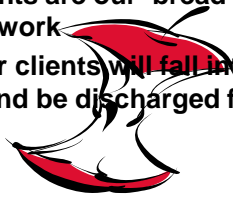
- How do we get there?
- Where are we currently?
- Where do we want to go?
- What do we have to do differently?



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Partnership - the core

- We need to remember that these appointments are our 'bread and butter' our CORE work
- Most of our clients will fall into this category and be discharged from here



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Case Management - what is it?

- Various types of case management exist, but all share the theme of helping individuals cope with their illnesses?? Through linkage to social services, advocacy, rehabilitation and ongoing support during recovery from illnesses?

(Information accessed from the National Institute of Mental Health 2008)



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The Components of Case Management

- Socialization to treatment
- Assessment of needs
- Psychoeducation
- Service planning
- Linkage to social/health and NGO services
- Advocacy
- Exploration of barriers that perpetuate unmet needs



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REAL SKILLS + Core Level

Practitioners working at core level require competence in assessment and a range of behavioural, cognitive and systemic therapeutic approaches. *(Kingsbury and York, 2006).*

They will additionally be required to demonstrate cultural competence



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What is Case Management in our child mental health team?

- Key components of case management
- PLUS**
- Basic therapy/parenting skills/family work
 - CBT/DBT/Incredible Years/Systemic systems/risk assessment and management



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Partnership Work vs Case Management

- But it's not really any different!



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So why do it?

For the clinician -

- A clearer pathway to specialist access
- More appropriate use of multi disciplinary team that incorporates more specialist work
- A defined framework for partnership work
- Not each clinician defining what they see case management as being

It is a structured diary that results in **more** rather than **less** clinician time being available for clinical work

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Why do it?

- Clearer training objectives identified in performance reviews
- Less fragmented approach as long term specialist work must be MDT approved
- Transparency of team members skill base and interests
- Good training model for new graduates and trainees as the systems are clearly delineated
- Training needs can be matched and team based

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*How it would work
in our team*



Sad / Angry child presented at home or in a community setting

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A referral is made to
Marinoto West



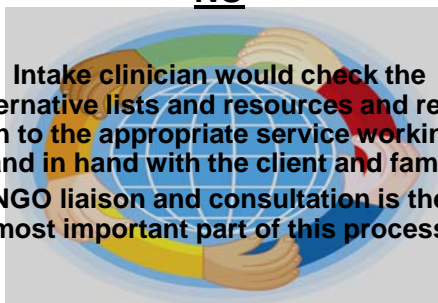
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Does this presentation meet the threshold criteria?

• **NO**

- Intake clinician would check the alternative lists and resources and refer on to the appropriate service working hand in hand with the client and family
- NGO liaison and consultation is the most important part of this process

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Does this presentation meet the threshold criteria?

- **YES**
- Offer a **choice** appointment for a one off assessment to determine whether we are the right service to be involved

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• **APPOINTMENT**

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After assessment it is found we are not the best service therefore we will refer on to appropriate agency

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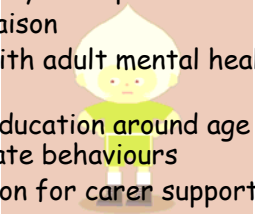
After assessment it is determined a **partnership** appointment is required, need to inform clients it will be with clinicians more suited to their needs



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Michael - Partnership work

- Basic family work provided
- School liaison
- Liaison with adult mental health services
- Psycho-education around age appropriate behaviours
- Application for carer support made



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Specialist appointments – 'short term'

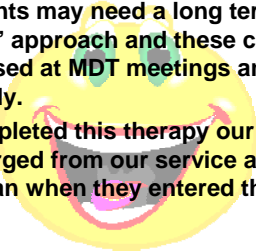
- Consultant psychiatrist time will be needed for those clients who will need a medication review.
- Psychometric testing
- Short term specialist intervention for example parenting/OT assessment
- These will be 'short term specialist' appointments



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Specialist – ‘Long term’

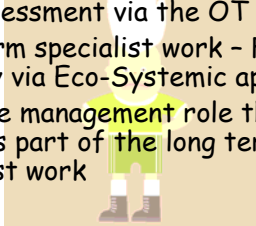
- Some clients may need a long term ‘specialist’ approach and these clients would be discussed at MDT meetings and allocated accordingly.
- Once completed this therapy our client will be discharged from our service a happier person than when they entered the service.



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Michael

- Short term specialist work - sand-tray assessment via the OT
- Long term specialist work - Family Therapy via Eco-Systemic approach
- The case management role then becomes part of the long term specialist work



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Susan age 12

- Expressing intent to harm herself
- Parents describing agitated behaviour
- 2 week history of mood changes



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- Daily slots would still be made available for 'urgents'.



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Susan


- Seen as an urgent assessment that same day
- Risk assessed to be low
- Partnership work indicated and agreed by family
- Short term specialist assessment



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Susan - partnership work

- Basic family work provided
- School liaison
- Psycho-education with parents around adolescent development
- Individual problem solving therapy



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