

## SECTION 8 APPENDIX 11: INVOLVEMENT OF CLINICAL PSYCHOLOGY TRAINEES AS CARE CO-ORDINATORS WITHIN THE CARE PROGRAMME APPROACH (CPA)

These notes are intended for trainees and for supervisors, and aim to clarify the roles trainees on the UCL Doctoral Course can undertake within the Care Programme Approach (CPA).

### **Background – clients to whom the CPA applies**

The Care Programme Approach is designed to improve the co-ordination of care to all people under the care of mental health services.

CPA applies to every person aged 16 or over who is accepted for treatment or care by a specialist mental health service. Although the principles of CPA are appropriate in the care of mental health service users of all ages, the CPA does not explicitly relate to the care of children under the age of 16.

CPA applies to a wide range of services - Adult Mental Health, Mental Health Services for People with Learning Difficulties, Mental Health Care of Older People, Substance Misuse Services, and (for clients of 16-18 years) Child & Adolescent Services. As such, CPA applies to most patients seen by trainee clinical psychologists during their three years of Doctoral study.

### **CPA levels**

There are two CPA levels - standard CPA and enhanced CPA.

**Standard CPA:** This level applies to individuals with “simple” mental health needs requiring support or intervention from a single professional or agency, who pose little danger to themselves and are not at significant risk if they lose contact with services. Most patients seen in outpatient settings fall under Standard CPA.

**Enhanced CPA:** This level is for individuals with complex needs, who require support and intervention from more than one professional or agency, and who would pose a significant risk to themselves or others if they lost contact with services. Patients who are classified as having a ‘severe and enduring mental health problem’ (SEMHP) usually fall under Enhanced CPA.

SEMHP includes people with *diagnoses* of psychotic illness, long standing depression, dementia, severe neurotic illness, personality disorder or developmental disorder; *disability* including problems with employment and recreation, personal care, domestic skills or interpersonal relationships; *duration* of any of the above for periods normally more than one year; and *risks to safety* including self-neglect, intentional self-harm, risk to safety of others or risk of abuse or exploitation by others.

### **Role of trainees as Care Co-ordinators under CPA**

Care co-ordinators can come from any discipline. They are responsible for co-ordinating the care plan, maintaining contact with the service-user in the community, liaising with other services involved in the care plan, assessing carers’ needs where

relevant, arranging review meetings and assessing risk in an ongoing way. They should also be familiar with the responsibilities of Section 117 aftercare as detailed in the Mental Health Act Code of Practice.

**Role of trainees with clients on Standard CPA:** Care co-ordinators can be any suitably experienced mental health worker. This includes trainee clinical psychologists who are regularly supervised by a qualified psychologist. Thus, in cases where the trainee psychologist is the only mental health professional seeing the patient, it is appropriate for the trainee to be the patient's care co-ordinator.

**Role of trainees with clients on Enhanced CPA:** Guidance makes it clear that unqualified staff cannot act as Care Co-ordinators for clients on enhanced CPA. Staff need to be both qualified and experienced to take on this role. Clearly trainee clinical psychologists should not be the named care co-ordinator for these clients.

By way of example, if a trainee is seeing a patient for psychological input in a CMHT, the named care co-ordinator would usually be either their own supervisor or another qualified member of the CMHT. The trainee's name should appear on the CPA form within the 'other people involved' section.