

Care Programme Approach (CPA)

The Care Programme Approach (CPA) is the system that is used to organise many people's care from 'secondary mental health services'. This factsheet explains what you should receive under CPA and when it might be stopped. It also provides options for what you can do if you are not happy with your care.



KEY POINTS

- The Care Programme Approach (CPA) is a national system which sets out how 'secondary mental health services' should help people with mental illnesses and complex needs.
- The Community Mental Health Team/Recovery Team, Assertive Outreach Team and Early Intervention Team are examples of 'secondary mental health services' which are likely to use CPA.
- The Department of Health has produced guidance on CPA. This guidance sets out who should get help under CPA. Your local NHS Trust does not have to follow this guidance and it will have its own policy.
- If you are eligible for CPA then you should get a full assessment of your health and social care needs, a care plan and regular reviews.
- You should also get a care coordinator who will be responsible for overseeing your care and support. Your care coordinator is likely to be a social worker or community psychiatric nurse (CPN). Sometimes they will be an Occupational Therapist.
- You will have regular reviews to talk about whether your needs have changed. Your mental health team can take you off CPA after a review but this should only happen after a risk assessment to make sure that it's not done too early.

This factsheet covers:

1. [What is the Care Programme Approach \(CPA\)?](#)
2. [Who gets help under CPA?](#)
3. [What do I get under CPA?](#)
4. [When will my CPA stop?](#)
5. [What if I am not happy with the help I am getting?](#)

1. What is the Care Programme Approach (CPA)?

The Care Programme Approach (CPA) is the name for the way that you receive help from 'secondary mental health services'. The following secondary mental health teams are common in most areas of England:

- Community Mental Health Teams (CMHT), also known as 'Recovery Teams' in some areas
- Assertive Outreach Teams
- Early Intervention Teams
- Crisis and Home Treatment Teams (in some areas these teams may use CPA, but it is not common).

CPA means that you will have regular contact with a care coordinator. Your care coordinator might be a social worker, community psychiatric nurse (CPN) or an occupational therapist. They will work with you to write a 'care plan', which will set out how your needs will be met.

[Top](#)

2. Who gets help under CPA?

The CPA guidance says that you should get help under CPA if you have:¹

- A severe mental illness (including personality disorder).
- Problems with looking after yourself including:
 - Self-harm, suicide attempts, harming other people (including breaking the law)
 - A history of becoming unwell and needing urgent help
 - Not wanting support or treatment
 - Vulnerability (for example, financial difficulties because of your mental illness, physical or emotional abuse, being open to exploitation)
- Severe distress at the moment or you have felt a lot of severe distress in the past
- Problems working with mental health services or have done in the past.
- Another non-physical condition alongside mental illness (for example, learning disability, drug or alcohol misuse).

- Services from a number of agencies, such as housing, physical care, criminal justice or voluntary agencies.
- Recently been detained under the Mental Health Act or are detained at the moment.
- Recently been put in touch with the Crisis/Home Treatment Team or are getting their help at the moment.
- A need for a lot of help from carer(s) or you provide a lot of care to someone yourself (children or an adult).
- Disadvantage or difficulties due to:
 - Parenting responsibilities
 - Physical health problems or disability
 - Unsettled accommodation or housing issues
 - Employment issues
 - Mental illness significantly affecting your day-to-day life
 - Ethnicity (for example, immigration status, language difficulties, sexuality or gender issues).

Local teams do not have to follow the above guidance and may have slightly different criteria. It can sometimes help to ask them how they make their decisions and what they take into account. If you want to find out how your local mental health services decide who should receive CPA, then you could try to get a copy of their CPA policy. Sometimes NHS Mental Health Trusts will make their policies freely available on their websites. Sometimes you may have to make a 'Freedom of Information request' in order to get a copy.

Your local Patient Advice and Liaison Service (PALS) may be able to help you find a copy of the local CPA policy. You can find your local PALS at [http://www.nhs.uk/Service-Search/Patient-advice-and-liaison-services-\(PALS\)/LocationSearch/363](http://www.nhs.uk/Service-Search/Patient-advice-and-liaison-services-(PALS)/LocationSearch/363).

[Top](#)

3. What do I get under CPA?

Your care coordinator

CPA means that you will have regular contact with a care coordinator. Your care coordinator should:

- Fully assess your needs
- Write a care plan which shows how your needs will be met
- Regularly review your plan with you to check your progress

Your care coordinator should consider the following needs:

- Your mental health needs
- Medication and side effects

- Employment, training or education
- Personal circumstances including family and carers
- Social needs
- Physical health
- Potential risk to yourself or others
- Problems with drugs or alcohol

Care coordinators can come from a number of backgrounds. Some are social workers, community psychiatric nurses (CPN) or occupational therapists.

Your care plan should say who your care coordinator is. This is the person who is responsible for organising and monitoring your care. Normally, you will see your care coordinator more often than other NHS staff.

You cannot choose your care coordinator. However, if you have specific needs then the team should try to meet them. For example, it may be that the gender of your care coordinator will be important to you because of previous damaging relationships or abuse. Being able to choose the gender of your care coordinator could be vital in allowing you to build up a trusting relationship. You should be allowed a choice of care coordinator that takes into account any cultural or religious needs.²

Your care coordinator will not necessarily be the person who actually provides most of the care or services in your care plan. A number of other people may meet your needs such as support workers or a psychologist. Your care coordinator may also put you in touch with people outside the NHS (for example, local advice services).

What should my care plan include?

Your care coordinator should fully involve you in producing your care plan. It should set out what support you will get to meet your needs, and who is responsible for meeting each need.

Your care plan should include details of what to do in a crisis, so that you or people close to you know who to contact in an urgent situation. This could include a crisis line number that you could ring out of hours. There should also be a review date (this should be at least once a year).³

Your needs could be met in a number of ways depending on your preferences. You could be offered:

- Medication
- Therapy
- Help with money problems
- Advice and support
- An occupational therapist to help with everyday living tasks.
- Help with employment or training (perhaps through a local employment project)
- Help from a 'support, time and recovery' (STR or 'STAR') worker.

- Help with housing (for example, your care coordinator could put you in touch with a housing advice service or arrange practical support from a 'floating support' service)
- 'Community care services' such as support at home and help with getting out and about.

Your care coordinator should offer you a copy of your care plan. They will send a copy to your GP and your carer or relatives can also have a copy if you are happy for this to happen.⁴

Equality and Care

Your assessments, care plans and reviews should take your individual needs into account. This includes your age, disability, gender, sexual orientation, race and ethnicity and religious beliefs.⁵

What about my physical health?

Research has found that people with mental illnesses are at a higher risk of certain physical health conditions such as obesity, heart disease and diabetes.⁶ Certain medications used in mental health can cause weight gain or increase the risk of diabetes.

The CPA guidance says that assessing and addressing your physical health needs should be a high priority.⁷ Your care coordinator should encourage and support you to access support for physical health needs. Your care plan should look at the effect that mental health symptoms or possible treatments can have on your physical health. It should also look at the effect that physical symptoms can have on your mental health.

You can get more general information on physical health in our '**Good Health Guide**'.

Direct payments

If your care plan says you have community care needs (for example, if you are isolated from other people or need practical help around the home), then your care coordinator may talk to you about the option of getting 'direct payments'. These payments would allow you to choose how you want your needs to be met.

You can find out more in our '**Direct Payments**' factsheet. Our '**Community Care**' factsheet looks at social care needs generally.

You can download our factsheets and booklets for free from <http://www.rethink.org/resources>. Or call 0300 5000 927 and ask for a copy to be sent to you.

[Top](#)

4. When will my CPA stop?

If your mental health team thinks that you no longer need their help, they can take you off CPA. Every time you have a review, your care coordinator

will consider whether you still need CPA. The national CPA guidance says that it is important that a care coordinator does not stop CPA too early just because you appear to be stable and well. It may be that the extra support is keeping you well. The care coordinator should do a thorough risk assessment before taking you off CPA.⁸

Before you are taken off CPA your care coordinator will need to:

- Review your needs.
- Hand over your care to another professional. This will normally be your GP. If you are being passed to another secondary mental health service then the care coordinator will hand over your care to a 'lead professional' such as a psychiatrist.
- Share information with everyone who needs it, including your carers (if you are happy for this to happen).
- Write plans for review, support and follow-up if needed.
- Tell you what to do and who to contact if your health gets worse.

If your CPA stops, you can still get help from the NHS and social services. For example, you could still get help from a psychologist who works at the mental health team. These services should not stop helping you just because you are not on CPA.

You can find out more in our '**Not on CPA**' factsheet, which you can download for free from <http://www.rethink.org/resources> or call 0300 5000 927 and ask for a copy to be sent to you.

[Top](#)

5. What if I am not happy with the help I am getting?

There are several reasons why you may be unhappy with the help you are getting:

- You may feel that you should be receiving help under CPA but the mental health team has said you don't meet the criteria.
- Your care plan may not offer services which you feel you need or you could be unhappy with the quality of your services.
- You may feel that your care coordinator stopped your CPA when they should not have.
- You may not get on with your care coordinator.

Every NHS Trust has a Patient Advice and Liaison Service (or 'PALS'). Their role is to provide you with information, advice and support if you

have a problem with NHS services. They may be able to help you to resolve your problem without you having to make a formal complaint.

You can find your local PALS at [http://www.nhs.uk/Service-Search/Patient-advice-and-liaison-services-\(PALS\)/LocationSearch/363](http://www.nhs.uk/Service-Search/Patient-advice-and-liaison-services-(PALS)/LocationSearch/363). The Rethink Mental Illness Advice Service can look for your local service if you don't have access to the internet. Our contact details are on the back page of this factsheet.

An advocate could also help with trying to resolve these sorts of issues informally. There may be a local advocacy service in your area which you can contact. You can search online for a local service or the Rethink Mental Illness Advice Service could search for you.

You may decide that you would like to make a formal complaint about the issue you are unhappy about. Every mental health trust must publish details of its complaints policy.

You can find out more in our '**Advocacy**' and '**Complaining about the NHS or social services**' factsheets, which you can download for free from <http://www.rethink.org/resources> or call 0300 5000 927 and ask for a copy to be sent to you.

[Top](#)



¹ Department of Health. *Refocusing the Care Programme Approach: Policy and Positive Practice Guidance*. London: Department of Health (2008) pg 13-14

² As note 1 at p. 36

³ As note 1 at p. 16

⁴ As note 1 at p. 19

⁵ As note 1 at p. 21

⁶ Disability Rights Commission (2006) *Equal Treatment: Closing the Gap*, London, Disability Rights Commission pg 4

⁷ As note 1 at p. 22

⁸ As note 1 at p. 15

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in large print.

Rethink Mental Illness

Phone 0300 5000 927
Monday to Friday, 10am to 2pm

Email advice@rethink.org

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or write to us at Rethink Mental Illness:

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London SE1 4PN

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We're open 9am to 5.30pm, Monday to Friday.



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