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Midlands and East Mental Health & Wellbeing Project (MEMHW)

THE UNIVERSITY OF NORTHAMPTON — Centre for Children and Youth

NHS England

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http://tinyurl.com/MEMHW

Objectives

The national Children and Young People's IAPT (Improving Access to Psychological Therapies) programme began in the UK in 2011, with the aim of transforming children and young people's mental health services by implementing session by session outcome monitoring, embedding and further developing evidence led practice, and focusing on broadening access to young people and improving the participation of children and young people in service planning, development and implementation.

Building on the themes introduced by CYP IAPT, the Midlands and East Mental Health and Wellbeing (MEMHW) project involves a series of local projects in CAMHS, that focus on widening access to mental health services for children and young people, and on embedding routine outcomes monitoring in services, and facilitating young people's participation. The project provides an evaluation into how these principles are embedded into services, and the experiences of those facilitating change. it aims to answer the following questions:

➢ **How do staff perceive and experience service transformation and the implementation of IAPT principles & outcomes monitoring? (Including challenges, obstacles, benefits etc.)**
➢ **What are staff perceptions & experiences of engaging children & young people in service decisions?**
➢ **In what ways do staff perceive and experience service transformation in relation to widening access of psychological therapies for children and young people?**

Methods

To capture a broad range of experiences, an overall evaluation was conducted to capture a range of viewpoints. This comprised of:
•Interviews and focus groups with project teams and key individuals
•Quantitative data collection–ROMs outcomes data, questionnaire data from service users, trainees etc.

Case Studies: To gain greater insight into the experiences of specific principles of CPY IAPT, a case study approach was adopted which included the following projects:

- Implementing ROMs: **workforce development** through collaboration with voluntary sector organisations (Northamptonshire)
- Service transformation: developing a **single point of access** (Coventry & Warwickshire)
- Working with **service users** to implement routine outcomes monitoring (Sandwell)

Analysis:

Thematic Analysis (Braun & Clarke, 2006) was carried out for all qualitative data using the 5 steps identified by Richie & Spencer (1994): Familiarisation , identifying a thematic framework , indexing, charting & mapping and interpretation.
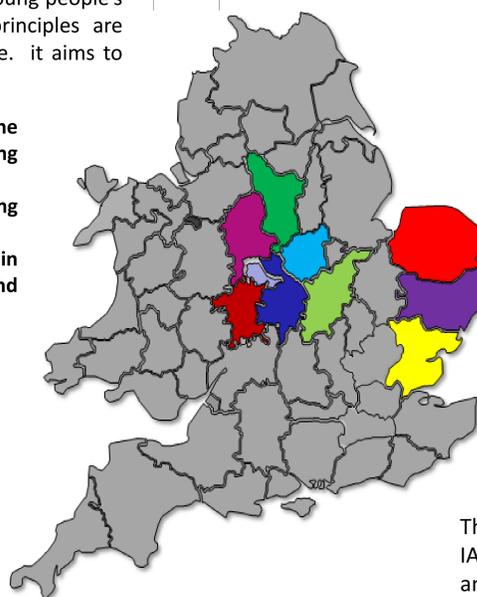
Findings

Figure 1: The table below shows the thematic framework used, sub-themes, and the key messages within each Sub-theme.

	Change	Support	Practicalities
Themes	"Change doesn't sit comfortable for a lot of people, does it?" "The whole endeavour required a leap of faith"	"…because of the… support that we've had here and the different perspectives, that's been able to keep me thinking, keep me motivated and keep me on track with it"	"What IAPT gives us is a shared, can't give a route map, but it gives us a set of shared points to head for…"
Sub-Themes	**Changing culture** ➢ Change should occur as a whole organisation with strong leadership to ensure its embedded into systems, structures and commissioning ➢ Change takes time to overcome anxieties and to become normalised ➢ Sometimes the benefits of changes need to be seen to be believed ➢ Having the right people in the project team makes a big difference ➢ Reasons for resistance include: change fatigue, pressured workloads and lack of time ➢ Strong leadership and champions are important ➢ Simplification is key to understanding ➢ Understanding aides change **Capacity** ➢ Increasing access can result in more demand on the service, particularly when other services are closing or have limited capacity ➢ Time restrictions jeopardises fidelity to the CYP IAPT model. **Multi-agency working** ➢ Links between services have been strengthened as a result of the projects ➢ Commissioners and providers have been given the opportunity to work together, and has been enhanced through training opportunities ➢ Everyone wanted it to work but it took effort in resolving practical and cultural issues **Organisational change** ➢ Changing organisational structures has created uncertainty and anxieties about performance, but has also created the opportunity to implement new ways of working. ➢ Morale is low as expectations rise and capacity remains **Organisational culture** ➢ Bureaucracy hinders service transformation ➢ With cost-savings can come resistance from staff to work differently ➢ Tensions exist regarding allocation of resources ➢ Training has enabled successful approaches tailored to organisational cultures **Perception of ROMs** ➢ Seen as a time-consuming bureaucratic paper exercise, often linked to PbR. ➢ Increasing understanding has to be approached carefully and simply	**Confidence** ➢ Projects now feel able to prove success ➢ Service transformation is daunting but confidence is required to get people on-board and to make change happen ➢ Training builds confidence to work differently and to manage change **Training** ➢ Up-skilling has "transformed" practice ➢ Has allowed time away to reflect and improve practice ➢ Is difficult juggling work and training and needs managerial support **Professional identity** ➢ Changing the way they worked, for some, challenged their confidence to work with young people ➢ Change has challenged the way people work, which can be outdated ➢ Success has involved input from staff at all levels **Project support meetings** ➢ A community of practice has been formed to provide support and guidance ➢ This group is highly valued by most members as providing reassurance, motivation **Support** ➢ Management have provided excellent support to project teams ➢ Knowledge of change management has been reassuring and supportive.	**Benefits of CPY IAPT** ➢ CYP are accessing services quicker ➢ ROMs empower CYP, give an understanding of their ability to change ➢ It's initiated a dialogue between professionals as to the best way of working ➢ Addresses mental health issues before adulthood, potentially removing pressures from adult services ➢ Enables provider to demonstrate impact ➢ Translating CYP IAPT principles into practice has allowed creativity and freedom. **Problems with CPY IAPT** ➢ Creates tensions between those embracing and those resisting change ➢ Cherry-picking elements jeopardises fidelity to the CYP IAPT model. ➢ Model isn't suitable for all cases (i.e. severe cases, age, attitude) ➢ ROMs scoring is not always accurate, can have a negative impact and can fluctuate **Technology** ➢ New technologies often aren't compatible with existing systems, hindering their utilisation. ➢ The use of technology can cut down on paperwork **CYP Participation** ➢ Participation has enabled materials to be better targeted to young people ➢ Participation can often be an 'add on' and a dedicated role is essential. ➢ It takes time for rapports be built with CYP ➢ Participation risks being tokenistic **Sustainability** ➢ Can be achieved by embedding principles into practice ➢ There needs to be champions and motivation, and for it not to been seen as a finite project. ➢ Agencies need to share same vision

Conclusions

This study provides unique insights into implementing CYP IAPT principles into children and young people's mental health and wellbeing services.
The findings provide a sound base for developing considerations and initiatives for the further implementation of CYP IAPT principles.

The following messages can be taken from this project:

- Innovations in service design can benefit patient outcomes and access to services
- Managing transformation during periods of change can be facilitated through training support, strong leadership and consensus
- Allowing services flexibility to tailor initiatives improves success and engagement
- Providing an appropriate support network/mechanisms enables greater resilience during periods of transformation
- Change can take place with limited resources If there is a shared vision, and strong leadership.
- The context of change can both hinder and enable transformation (see figure 2)

Figure 2: This diagram represents where the findings of this project lie in relation to the wider structures, contexts and determinants.

Project support group meetings
ILM Training
National collaboratives
Change Support Practicalities
Flexibility Authority Direction
Changing NHS and social care structures