



In 2010, the Department of Health announced an ambitious goal to expand Child and Adolescent Mental Health Services (CAMHS) to cover 60% of children and young adults by 2016. The transformation of CAMHS was to be supported by Children and Young People's Improving Access to Psychological Therapies (CYP IAPT), which is aimed at improving existing young people's mental health services by adopting elements of the adult IAPT approach. Involving children and young people in reshaping their services, increasing use of evidence-based therapy through workforce training, and developing infrastructure to collect routine outcomes measures (ROMs) are key features of this radical transformation. In practice, the challenge is how to achieve such an expansion in the operational context of an economic recession, public sector cuts, and increasingly stretched frontline services and staff. The core aim of the Implementing Service Transformation in Child and Adolescent Mental Health Services study, is to better understand what a transformed service looks like, and to define the value of CYP IAPT from the perspective of different stakeholders.

The research

We conducted an interpretative case study at the Cambridge CAMHS during December 2012 to June 2013, to examine how the shift towards an evidence-based environment and a focus on ROMs, is negotiated in practice with other aspects of clinical work, such as organisational culture, teamwork, and service user involvement.

We conceptualise transformation not simply in relation to 'clinical practice' but also as a change in dominant ideologies, the underlying cultural systems of meaning, and the shifting power relations within the service.

Data sources for the study included: 1) Document analysis of CYP IAPT guidance notes, implementation records, meeting agendas and minutes covering a period of 18 months; 2) In-depth interviews (n=11) with key stakeholders; and 3) non-participant observation of meetings and related events (n = 6); and informal discussions.

Findings

Analysis revealed gaps between policy and practice, as well as differences in how stakeholders perceived the transformation challenge. Key themes included:

- Lack of buy-in from front line staff and low morale as a result of continuous organisational changes and cost cutbacks.
- Tension between the multi-agency approach of IAPT, and the Strategic Health Authority, resulting in the latter losing touch with the day-to-day enactment of transformation.
- Conflict between day-to-day clinical practice and collection of monitoring data, in particular the perceived appropriateness and relevance of ROMs in demonstrating outcomes and effectiveness.

Implications and Recommendations

Our case study highlighted specific tensions that should be addressed for transformation to succeed; a number of possible solutions were identified, particularly around marrying up 'top down' and 'bottom up' approaches to make transformation effective in practice, such as:

- Ensuring that 'transformation' is embedded within shared organisational governance arrangements.
- Truly integrating the various services and agencies involved, from commissioners to CAMHS, the voluntary sector, and schools, and acknowledging the distinction between CYP IAPT and Adult IAPT.
- Ensuring that executive members participate in the operational side e.g. on steering groups.
- Addressing staff concerns around data collection, and improving the 'user-friendliness' of reporting systems.
- Improving communication, using 'informal' routes to avoid breakdown once outside the formal meeting environment.
- Making user involvement a clear service requirement.

This study is part of a larger ongoing project which is a comprehensive evaluation of CYP IAPT looking at the implementation, the outcomes and the costs.

References

- 1) DoH 2010 <http://www.iapt.nhs.uk/cyp-iapt/>
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- 3) Pettigrew et al. Understanding change in the NHS. *Public Administration* 66.3 (1988): 297-317
- 4) Dopson et al. Evidence-based medicine and the implementation gap. Sage. Chapter 7.3 (2003): 311-330.