

Care Programme Approach (CPA)

The Care Programme Approach (CPA) is a package of care that may be used to plan your mental health care. This factsheet explains what CPA is, when you should get and when it might stop.

Key Points.

- The Care Programme Approach (CPA) is there to support your recovery from mental illness
- CPA is a framework used to assess your needs. And make sure that you have support for your needs.
- Community Mental Health Teams, Assertive Outreach Teams and Early Intervention Teams are likely to use CPA.
- Your mental health services will have policies about who is able to get help under CPA.
- Under CPA you will get a care coordinator who monitors your care and support.
- Your care coordinator will review your plan regularly to see if your needs have changed.

This factsheet covers:

1. [What is the Care Programme Approach \(CPA\)?](#)
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3. [What do I get under the Care Programme Approach \(CPA\)?](#)
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1. What is the Care Programme Approach (CPA)?

CPA is a package of care that is used by secondary mental health services. You will have a care plan and someone to coordinate your care if you are under CPA. All care plans must include a crisis plan.¹

CPA aims to support your mental health recovery by helping you to understand your:

- strengths,
- goals,
- support needs, and
- difficulties.

CPA should be available if you have a wide range of needs from different services or you are thought to be a high risk.²

What are secondary mental health services?

Secondary mental health services are part of the NHS. They are specialist teams of mental health professionals such as mental health nurses and psychiatrists.

You can find more information about '**NHS mental health teams**' at www.rethink.org. Or call our General Enquires team on 0121 522 7007 and ask them to send you a copy of our factsheet.:

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2. Who gets help under Care Programme Approach (CPA)?

The CPA guidance says that your health professionals should think about the following things when deciding if you need help under CPA.³

- Severe mental illness, including personality disorder which isn't managed well.
- Risks or possible risks such as:
 - self-harm, suicide attempts, harming other people including breaking the law,
 - a history of needing urgent help,
 - not wanting support or treatment, and
 - vulnerability such as financial difficulties or abuse. This could be financial, physical or emotional abuse.
- Severe distress now or in the past.
- Problems working with mental health services now or in the past.
- Learning disability or drug or alcohol misuse as well as a mental illness.
- Services from a number of agencies, such as housing, physical care, criminal justice or voluntary agencies.
- Recently been detained under the Mental Health Act 1983 or you are detained at the moment. Also known as being sectioned.

- Recently been put in touch with the Crisis Team or are getting their help at the moment.
- You need a lot of support from carers.
- You care for a child or an adult.
- You experience disadvantage or difficulties because of:
 - parenting responsibilities,
 - physical health problems or disability,
 - housing problems,
 - problems finding or staying in work,
 - mental illness significantly affecting your day-to-day life, and
 - ethnicity issues such as immigration status, language difficulties, sexuality or gender issues.

Local teams do not have to follow the guidance above. They will have their own policies. Their policies are likely to be similar to the guidance above.

You may find it helpful to ask your team about how they make their decisions about what care you can get. You could ask them for a copy of their CPA policy. Their policy should explain the rules that they will follow. Sometimes NHS Mental Health Trusts will make their policies available on their websites.

You can make a freedom of information request to the NHS to get the policy if you can't see it online. The Freedom of Information (FOI) Act gives the right to access recorded information held by public bodies such as the NHS.⁴

Anyone has the right to make a FOI request. You can find more information on this here:

www.gov.uk/make-a-freedom-of-information-request/the-freedom-of-information-act.

Are there key groups of people for assessment under CPA?

The below people are thought to be the key people who may need support from CPA but are missing out. Being in this group of people doesn't mean that you will need support, you will still have to be assessed. But the NHS should record their reasons in your care records if they decide not to support you under CPA.

The key people are those:⁵

- with parenting responsibilities,
- who care for someone who relies on them,
- who misuse drugs or alcohol, sometimes known as 'dual diagnosis,'
- with a history of violence or self-harm, or
- who are homeless or in temporary accommodation.

Will I get help under CPA if I have been detained under the Mental Health Act?

A lot of people who have been detained under the Mental Health Act will be supported through the Care Programme Approach (CPA) after they are discharged from hospital.

Most people who are entitled to free aftercare under section 117 should get help under CPA.⁶ You will be entitled to free Section 117 aftercare if you have been detained under certain sections of the Mental Health Act.

You may also be entitled to CPA support following your discharge from hospital. Even if you aren't entitled to free aftercare under Section 117.⁷

You will be on CPA if you have a community treatment order (CTO).⁸

You can find out more information about:

- Section 117 aftercare
- Community Treatment Order

at www.rethink.org. Or call our General Enquiries Team on 0121 522 7007 and ask them to send you a copy of our factsheet.

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3. What do I get under the Care Programme Approach (CPA)?

You should get a care coordinator and a care plan.

What does a care coordinator do?

A care coordinator is the person who will coordinate and monitor your care. The care that you need should be written into your care plan. Your care coordinator won't necessarily be the person who gives you the support that you need. This may be another professional such as a therapist.⁹

Your care coordinator will usually be a social worker, community psychiatric nurse (CPN) or occupational therapist.¹⁰

You should have regular contact with your care coordinator. Your care coordinator should:

- work with other health professionals to assess your needs,
- write a care plan which shows how the NHS and other services will meet your needs, and
- regularly review your plan with you to check your progress.

Your care plan should say who your care coordinator is. You should be in regular contact with your care coordinator.

Can I choose my care coordinator?

You can't choose your care coordinator. But your team should try to meet any needs that you have. For example, you may respond better to a care coordinator of a certain gender because of past trauma.

You should be able to choose a care coordinator that takes into account any cultural or religious needs that you have.¹¹ But this will depend on staff availability.

What should my care plan include?

Your care plan sets out what support you will get day to day and who will give it to you. This might include friends or family who care for you as well as professionals. Your care plan shouldn't give your carers more to do than they are able to do.¹²

What goes into your care plan will depend on your needs and wishes. The following things are likely to be considered for your care plan.¹³

- Medication and side effects
- Therapy
- Physical health needs
- Help with money problems
- Advice and support
- Occupational therapist to help with everyday living tasks
- Help with employment, training or education
- Help from a support worker
- Help with housing
- Social care services such as support at home and help with getting out of your home
- Personal circumstances including family and carers
- Risk to yourself or others
- Problems with drugs or alcohol

A multi-disciplinary approach should be used to assess your needs and make your care plan.¹⁴ This means that people with different specialities or from different agencies should be involved in your plan. For example, clinical staff will give their opinion about your treatment needs such as therapy and medication. Welfare staff, such as a social worker, will give their opinion about social support that you need at home or in the community.

Your care coordinator should listen to your views about what you think you should get.

Your care coordinator should offer you a copy of your care plan. They should send a copy to your GP. Your carer or relatives can also have a copy if you want them to.^{15,16}

Your care plan should include details of what to do in a crisis. This could include a crisis line number that you could ring.

What about equality?

Your age, disability, gender, sexual orientation, race and ethnicity and religious beliefs should be thought about as part of your assessment, care plan and review.¹⁷

Will my physical health be assessed under CPA?

Assessing your physical health needs should be a priority.¹⁸ Your care coordinator should help you to get support for your physical health. Your care plan should look at the effect that mental health symptoms and treatments can have on your physical health. It should also look at the effect that physical symptoms can have on your mental health.

Research has found that people with mental illnesses are at a higher risk of physical health conditions such as obesity, heart disease and diabetes. Medications used in mental health can cause weight gain or increase the risk of diabetes.¹⁹

Will my care plan be reviewed?

You should have a review of your care at least once a year.²⁰ If your needs change you should have a review of your care, even if this is before your review date.²¹

Your care coordinator is responsible for arranging the review of your care plan. All parties who are involved in the plan should be involved in the review.²²

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4. Will I get money to help pay for my care?

Local authorities can sometimes charge for social care services that they provide. This means that you may need to pay for some of the care you get under the Care Programme Approach.

What if I am entitled to section 117 aftercare?

If you have been in hospital under section:

- 3
- 37
- 45A
- 47, or
- 48

of the Mental Health Act, you will be entitled to section 117 aftercare.²³ This means that the services you get when you leave hospital are free. Even if you had to pay for the service before you went into hospital. But you will only get free aftercare for services that support your mental health needs.²⁴ Section 117 can include both treatment needs and social care needs.

I'm not entitled to section 117 aftercare, will I have to pay?

If you aren't entitled to section 117 aftercare you will still be able to get social support for your mental health. This care may be free, or you may need to pay towards your care. You will have a financial assessment to work out if you need to pay anything.²⁵

How will I be paid for my care?

You may be offered support from a local service if they can meet your needs. Or you can get 'direct payments' if you would prefer not to have support from a particular service.

A direct payment is an amount of money that is given to you so that you pay for the support that you need. You choose how you would like to spend it, as long as it meets your assessed needs.²⁶

You can find out more information about:

- Section 117 aftercare
- Direct Payments
- Social care. Eligibility and assessment
- Charging for social care

at www.rethink.org. Or call our General Enquiries Team on 0121 522 7007 and ask them to send you a copy of our factsheet.

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5. When will my Care Programme Approach stop?

Your care programme approach (CPA) will stop if your mental health team believe that you no longer need this level of support.

Your care coordinator will think about if you need CPA support every time they review your care plan.²⁷ See '[will my care plan be reviewed?](#)' for more information.

Your CPA should not stop too early just because your health seems to be stable. Your team should think about if the level of support you are getting is keeping you well. Your team should do a risk assessment with you and your carer before stopping your CPA.²⁸

Your care coordinator will arrange the following before your CPA ends.²⁹

- An assessment of your needs.
- Handing over your care to another professional. This will normally be your GP or psychiatrist.
- Sharing information with professionals and your carer if you want them to know.
- Writing plans for review, support and follow-up if needed.
- Telling you what to do and who to contact if your health gets worse.

6. What support can I get if I am not under the Care Programme Approach (CPA)?

Support is still available if your CPA stops. This could be things like:

- treatment from a psychiatrist or GP,
- talking therapy,
- support from charities,
- emotional support,
- support in a crisis,
- help from social services,
- hospital treatment, and
- help from advocates.

What help can I get from social services?

Help from social services is often called 'community care' or 'social care'. Social care is anything that you need help to do because of an illness. This could be things like talking to people or help with housework.

If you have social care needs you are entitled to a 'needs assessment'.³⁰ You are entitled to a needs assessment from your local authority if you have care needs, even if you are not entitled to get support under the Care Programme Approach.

Contact your local authority to get a needs assessment.

Will my benefits stop?

The Department for Work and Pensions (DWP) won't stop or reduce your benefits if you are discharged from CPA. But your entitlement to certain benefits might be affected if you are discharged from CPA because your health has improved. This is because benefits such as Employment and Support Allowance (ESA) and Personal Independence Payment (PIP) are based on how your illness affects you.

You can find out more information about:

- Social care. Assessment and eligibility
- Employment and support allowance
- Personal independence payment

at www.rethink.org. Or contact our General Enquiries Team on 0121 522 7007 and ask them to send you a copy of our factsheets.

7. What can I do if I am not happy with the help I am getting?

There are lots of reasons why you may be unhappy with the help you are getting. You may feel the following.

- You should be getting help under the care programme approach (CPA).
- Your care plan doesn't cover all of your needs.
- The services you get don't help you.
- Your CPA stopped before it should have.
- You aren't happy with your relationship with your care coordinator.

To try and sort a problem you could try the following.

- Talk to your care coordinator.
- Talk to the manager of the service.
- Get a community advocate or friend to help you to talk to professionals.
- Make a formal complaint.
- Tell your local Member of Parliament (MP).

You can find out more information about:

- Advocacy
- Complaints

at www.rethink.org. Or call our General Enquiries Team on 0121 522 7007 and ask them to send you a copy of our factsheet.

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References

¹ Department of Health. *Refocusing the Care Programme Approach: Policy and Positive Practice Guidance*. London: Department of Health; 2008. Page 19

² As note 1. Page 2.

³ As note 1. Page 13-14.

⁴ s1, Freedom of Information Act 2000 c36.

⁵ As note 1. Page 14.

⁶ Department of Health. *Code of Practice Mental Health Act 1983*. London: TSO. 2015. Para 34.8.

⁷ As note 6. Para 34.9.

⁸ As note 6. Para 34.8.

⁹ As note 1. Page 36.

¹⁰ NHS Choices. *Care Programme Approach*. www.nhs.uk/Conditions/social-care-and-support-guide/Pages/care-programme-approach.aspx (accessed 20th November 2020).

¹¹ As note 1. Page 36.

¹² As note 6. Para 34.13.

¹³ As note 6. Para 34.19.

¹⁴ As note 1 page 16.

¹⁵ As note 1 at page 19.

¹⁶ As note 6. Para 34.14.

¹⁷ As note 1. Page 21.

¹⁸ As note 1. Page 22.

¹⁹ As note 1. Page 22.

²⁰ As note 1. Page 16.

²¹ As note 1. Page 16.

²² As note 6. Para 34.15.

²³ s117(1), Mental Health Act 1983 c20.

²⁴ As note 23 (MHA 1983), s117(6).

²⁵ s14, Care Act 2014 c23.

²⁶ Reg 2(2), *The Care and Support (Eligibility Criteria) Regulations* SI 2827. London: TSO; 2014.

²⁷ As note 1. Page 15

²⁸ As note 1. Page 15.

²⁹ As note 1. Page 15.

³⁰ As note 25 (CA 2014), s9.

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